



Youth Registration Form:

CONFIDENTIAL

For Office Manager's Use Only:

*****Please note: Full payment is required at time of registration to ensure a spot**

Date of registration: _____ Term: _____

Course: _____ Day: _____ Time: _____

Is your child a returning student? Yes _____ No _____

Student's name: _____ Age: _____

Parent(s) / Guardian's name: _____

Address: _____

City: _____ Postal code: _____

Home phone: _____ work phone #: _____

Cell: _____ Email: _____

*****Are there any medical conditions or other circumstances that the instructor and/or the school should be made aware of (please explain):**

*****Signature of Parent/Guardian:** _____

I heard about the school / this class through:

Newspaper: Peterborough This Week Peterborough Examiner

Radio T.V. Friend Brochure/calendar

mass e-mail notice website: Other _____