

# Class Selection Form

Please print neatly.

Last name(s) of family: \_\_\_\_\_

Total number of student enrolling in classes: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Parent's email: \_\_\_\_\_

1st Student name: \_\_\_\_\_

Class Name

Teacher

Block 1 (8:30-9:25) \_\_\_\_\_

Block 2 (9:30-10:25) \_\_\_\_\_

Block 3 (10:30-11:25) \_\_\_\_\_

Lunch 11:25-11:55

Block 4 (12:00-12:55) \_\_\_\_\_

Block 5 (1:00-1:55) \_\_\_\_\_

2nd Student name: \_\_\_\_\_

Class Name

Teacher

Block 1 (8:30-9:25) \_\_\_\_\_

Block 2 (9:30-10:25) \_\_\_\_\_

Block 3 (10:30-11:25) \_\_\_\_\_

Lunch 11:25-11:55

Block 4 (12:00-12:55) \_\_\_\_\_

Block 5 (1:00-1:55) \_\_\_\_\_

Please print additional sheets if registering more than two children.