

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 (8:30-9:30) _____

Block 2 (9:35-10:35) _____

Block 3 (10:40-11:40) _____

Lunch 11:40-12:15

Block 4 (12:15-1:15) _____

Block 5 (1:20-2:20) _____

Block 6 (2:25-3:25) _____

2nd Student name: _____

Class Name

Teacher

Block 1 (8:30-9:30) _____

Block 2 (9:35-10:35) _____

Block 3 (10:40-11:40) _____

Lunch 11:40-12:15

Block 4 (12:15-1:15) _____

Block 5 (1:20-2:20) _____

Block 6 (2:25-3:25) _____

Please print additional sheets if registering more than two children.