

Material Order Date:			Ordered:				
I CD: G	T Replace CD:	Y	I Replace CD:				
YI Songbook:	GT Bo	ooklet:	YI Booklet:				
: Bubble	hands:	_ Tote:	Crayons:				
	CD: G	CD: GT Replace CD: YI Songbook: GT Bo	CD: GT Replace CD: Y YI Songbook: GT Booklet:				

Green Turtles /	Yellow Indians									
1.) Student Name:		Phone:		Address:			Email:			
Parents Name:		Materials: ☐ Full ☐ Sibling ☐ Partial	1st check #	2 <sup>nd</sup> check #	3 <sup>rd</sup> check#	4 <sup>th</sup> check #	5 <sup>th</sup> check #	6 <sup>th</sup> check #	7th check #	8th check #
Birth date:	Registration Date:	Deposit :Check#	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount
2.) Student Name:		Phone:		Address:			Email:			
Parents Name:		Materials: ☐ Full ☐ Sibling ☐ Partial	1st check #	2 <sup>nd</sup> check #	3 <sup>rd</sup> check #	4 <sup>th</sup> check #	5 <sup>th</sup> check #	6 <sup>th</sup> check #	7 <sup>th</sup> check #	8th check #
Birth date:	Registration Date:	Deposit :Check#	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount
3.) Student Name:		Phone:		Address:			Email:			
Parents Name:		Materials: ☐ Full ☐ Sibling ☐ Partial	1st check #	2 <sup>nd</sup> check #	3 <sup>rd</sup> check #	4 <sup>th</sup> check #	5th check #	6th check #	7 <sup>th</sup> check #	8 <sup>th</sup> check #
Birth date:	Registration Date:	Deposit :Check#	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount
4.) Student Name:		Phone:		Address:			Email:			
Parents Name:		Materials: ☐ Full ☐ Sibling ☐ Partial	1st check #	2 <sup>nd</sup> check #	3 <sup>rd</sup> check#	4th check #	5 <sup>th</sup> check #	6 <sup>th</sup> check #	7 <sup>th</sup> check #	8th check #
Birth date:	Registration Date:	Deposit :Check#	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount
5.) Student Name:		Phone:		Address:			Email:			
Parents Name:		Materials: ☐ Full ☐ Sibling ☐ Partial	1st check #	2 <sup>nd</sup> check #	3 <sup>rd</sup> check #	4th check #	5 <sup>th</sup> check #	6 <sup>th</sup> check #	7 <sup>th</sup> check #	8th check #
Birth date:	Registration Date:	Deposit :Check#	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount
6.) Student Name:		Phone:		Address:			Email:			
Parents Name:		Materials: ☐ Full ☐ Sibling ☐ Partial	1st check #	2 <sup>nd</sup> check #	3 <sup>rd</sup> check #	4 <sup>th</sup> check #	5 <sup>th</sup> check #	6 <sup>th</sup> check #	7 <sup>th</sup> check #	8th check #
Birth date:	Registration Date:	Deposit :Check#	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount
7.) Student Name:		Phone:		Address:			Email:			
Parents Name:		Materials: ☐ Full ☐ Sibling ☐ Partial	1st check #	2 <sup>nd</sup> check #	3 <sup>rd</sup> check#	4 <sup>th</sup> check #	5 <sup>th</sup> check #	6 <sup>th</sup> check #	7 <sup>th</sup> check #	8th check #
Birth date:	Registration Date:	Deposit :Check#	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount	Tuition Amount