



Registration Form

Please complete one form per child. Thank you.

Registration Fee: \$75 for one, \$85 total for more than one

My child will attend at the following location (check one below)

☒ Luther ☐ Mendota Heights

Child's Name Maya Reddy Konatam Date of Birth 05/25/2017

Parent's/Guardian's Name(s) Ravindhar Reddy Konatam

Address 609 Pleasant Street # 209, Lauderdale, MN 55108

Phone (c) 612-406-6767

Phone (c) 612-442-0405

Phone (w) 651-490-8235

Phone (w) _____

Phone (h) _____

E-mail _____

E-mail ravindhar.rddy@gmail.com

START DATE 04/22/2019

Proposed Schedule

Day	Arrival Time	Departure Time
Monday:	08:30	05:30
Tuesday:	08:30	05:30
Wednesday:	08:30	05:30
Thursday:	08:30	05:30
Friday:	08:30	05:30

Where did you hear about SonShine Learning Center? Online

Parent/ Guardian Signature _____ Date _____