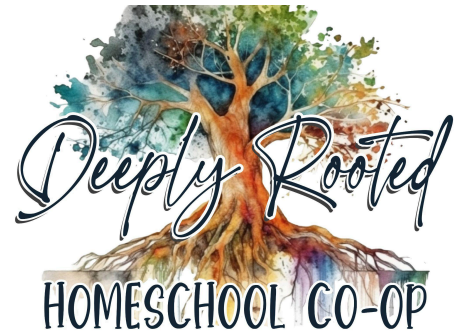


Students Names & ages as of August 13, 2024:

1. _____
2. _____
3. _____
4. _____



Parent(s) Names:	
Home Address:	
Phone:	
Email:	
Children(s) Birthday(s):	<ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____
Please list any allergies or other medical info that we should be aware of:	
Curriculum:	Are you utilizing "The Good and the Beautiful"? _____ YES _____ NO If "no" – what curriculum are you using at home? _____

By signing this form, you accept and acknowledge that you have thoroughly read the expectations & policies/handbook/etc., been offered a copy, and agree to honor and adhere to the items discussed within.

X _____ Date: _____

1 st Semester Supplies Fee: Paid? _____ Date: _____ MOP: _____	2 nd Semester Supplies Fee: Paid? _____ Date: _____ MOP: _____	<b style="background-color: yellow;">Thursday Participation: <input type="checkbox"/> I plan to attend weekly. <input type="checkbox"/> I plan to attend bi-weekly beginning on week 1. <input type="checkbox"/> I plan to attend bi-weekly beginning on week 2.
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