L'amoré Registration Application

Student Name:	DOB:	Age:
Street Address:	City:	Zip:
E-Mail Address:		
Home Telephone:	Cell Phone:	
Name of parents or guardian:		
Emergency Contacts:		
1. Name:	Phone:	Relationship:
2. Name:	Phone:	Relationship:
PLEASE PROVIDE THE FO	LLOWING INFORMATION:	
Medical Insurance:	Policy/Group#: _	
Allergies, Injuries or Ongoing N	Medical Problems (please describe	e fully):

CLASS NAME	DAY OF WEEK (Please Circle)	TIME	AMOUNT (Office Use Only)
	MON TUE WED THU FRI SAT		
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