

# SPTTC After School Registration

**Student Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Email Contact:** \_\_\_\_\_

**Parents Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency contact if parent or guardian is not available:**

**Name/Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Signature of Parent or Legal Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Enclosed Check #:** \_\_\_\_\_ **Amount:** \_\_\_\_\_