



Date Registered \_\_\_\_\_  
Cash \_\_\_\_\_  
Check Number \_\_\_\_\_  
Received CD \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade Entering \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name and Number \_\_\_\_\_

Special Needs or Requests \_\_\_\_\_

\_\_\_\_ (Initial) I hereby grant permission for my child to be included in photographs and/or videos connected with CLCC including the website and media.



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