

International Schoolhouse

After-School Classes Registration Form

Child Information					
Child's Name:			Sex:		DOB:
	<i>Last</i>	<i>First</i>			
Address:					
	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>ZIP</i>	<i>Home Phone</i>
Register for:					
Allergies:					
What is your child's experience with Spanish?					
Names and ages of brothers and sisters:					

Parental Information	
Parents' Names:	
Emergency contact numbers:	
E-Mail Address:	

Picture Release
<input type="checkbox"/> I do <input type="checkbox"/> I do not give consent for photographs of my child to be used in the International Schoolhouse website, Facebook page and/or in advertising for the school. Children will not be identified by name.

Payment
Total: _____ Check #: _____
Please mail your registration form and payment to International Schoolhouse- 1414 Bellevue Ave. St. Louis, MO 63117

Date:	/ /	Parent or legal guardian signature:	
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