

SAINT MARON CHURCH ARABIC SCHOOL REGISTRATION 2012/2013

Student Name : _____ DOB/Age ___ / ___ / ___
: _____ DOB/Age ___ / ___ / ___
: _____ DOB/Age ___ / ___ / ___
: _____ DOB/Age ___ / ___ / ___

Address: _____

City, State, Zip: _____

Home Phone: ___(____)_____

Parents Name: _____ Mother's cell phone#(____)_____
Father's cell phone#(____)_____

Email: _____@_____

Allergies to Food: _____

In case of an emergency, call: _____

Parent/Guardian Signature

For office use only:

Paid \$25.00: Cash _____ date: _____
Check _____ date: _____