SAINT MARON CHURCH ARABIC SCHOOL REGISTRATION 2012/2013

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Student Name:	DOB/Age / /
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:	DOB/Age / /
	A L
Address:	
City, State, Zip:	
Home Phone: _()	
Parents Name:	Mother's cell phone#()
	Father's cell phone#()
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Email:@	
Allergies to Food:	MARK AT PRINTER 4 TO 8
In case of an emergency, call:	《 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	Parent/Guardian Signatur
F CC	
For office use only: Paid \$25.00: Cash date:	
Paid \$25.00: Cash date: date:	