

Age

Request for Financial Assistance (please state amount of need): \$\\_\$

(mm/dd/yy)

Students

First and Last Name



22 Tide Mill Lane, Hampton, VA 23666 Tel. (757) 838– ISLM

or write teacher's name and class for less than 3).

Cash or

Check (#)

## **REGISTRATION FORM – Spring 2008**

**Tuition: \$50.00 per child** per semester (maximum \$200.00 per family) Make checks payable to HRC-MCA

All

Date of Birth Classes Request (Circle "ALL" for all 3 classes;

Email:							
	City		Zip		_	Cell	
	Street					<u>Home</u>	
Address:					– Phone Numbers:		
Both Pare	nts' Names:				_		
Anv	y medical conditions	S:					
	eds (please write who y food allergies:	ich child):					
				2.			
6.			All	1.			Waived
5.			All	1. 2.			Waived
4.			All	1. 2.			
				2.			
3.			All	2. 1.			
2.			All	1.			
				2.			