

Lower Elementary Student : (1st - 2nd)

Student Name
(First and Last)

Parents First & Last Names

Student Age by Sept. 1

Student Grade 2016/17

Classes Chosen

- | | | | |
|--------------------|----------------------|-----------------|----------------------|
| 1. CLASS CODE ---- | <input type="text"/> | START TIME ---- | <input type="text"/> |
| 2. CLASS CODE ---- | <input type="text"/> | START TIME ---- | <input type="text"/> |
| 3. CLASS CODE ---- | <input type="text"/> | START TIME ---- | <input type="text"/> |
| 4. CLASS CODE ---- | <input type="text"/> | START TIME ---- | <input type="text"/> |
| 5. CLASS CODE ---- | <input type="text"/> | START TIME ---- | <input type="text"/> |
| 6. CLASS CODE ---- | <input type="text"/> | START TIME ---- | <input type="text"/> |
| 7. CLASS CODE ---- | <input type="text"/> | START TIME ---- | <input type="text"/> |
| 8. CLASS CODE ---- | <input type="text"/> | START TIME ---- | <input type="text"/> |

Sign below if you **DO NOT** want this student potentially include in published pictures of co-op events