



Dante Alighieri Children's Italian Language School
Student Registration Form

Family Name: _____

Parent/ Guardian Names: _____

Street Address: _____

City/Town: _____ Zip: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Email Address: _____

(Print Clearly)

Child's/ Children's Name(s):

- | | | |
|----------|---------------------|----------|
| 1. _____ | Date of Birth _____ | \$100.00 |
| 2. _____ | Date of Birth _____ | \$50.00 |
| 3. _____ | Date of Birth _____ | \$25 |
| 4. _____ | Date of Birth _____ | \$25 |
| 5. _____ | Date of Birth _____ | \$0 |

Total _____

Emergency Contact Information:

Person to contact: _____

Relationship: _____

Contact Telephone Number: (_____) _____

List any health concerns such as allergies we should be aware of:
