

CHAT Winter 2011 Co-op Class Registration

Parent's Name _____

To register, fill in each child's name, birth date and class group. Class groups are:

- 3 yr Pre-School(9/1/06-8/31/07)
- Pre-School(9/1/05-8/31/06)
- Kindergarten(9/1/04-8/31/05)
- Beginner(9/1/02-8/31/03)
- Intermediate(9/1/99-8/31/02)
- Middle School(9/1/96-8/31/99)
- High School(born prior to 9/1/96)

Write first & second choice class for each hour where more than one class is offered.

Office use only

NAME, BIRTH DATE, CLASS GROUP	HOUR	CLASS CHOICES		FEES	
		First Choice	Second Choice	1st	2nd
	1st				
	2nd				
	3rd				

	1st				
	2nd				
	3rd				

	1st				
	2nd				
	3rd				

	1st				
	2nd				
	3rd				

Please list all children in the nursery

\$3 per child

Subtotal
Utility Fee

Total

Please mail form and payment to: CHAT PO Box 200212 Cartersville, GA 30120
This form must be post marked by August 4th or brought to the Orientation Meeting on August 9th.

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