

Class _____ Instructor _____ Day _____ Cost: \$ _____

Name of Student _____ Grade _____

Name of Parent/Guardian _____

Home Phone # _____ E-mail _____

Emergency Phone # (or if class meeting is cancelled) _____

Please check if you child normally takes the afternoon **Tehiyah School Bus** on the day of the class:

-----Please cut and attach with paper clip to front of check-----

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