St. Pete Beach Tutoring and Sport Technique Program
Registration Form

(Please Print)
Child's Name ____ Sex _________

Child's Date of Birth ________________________ Entering Grade _______ SCHOOL _____________________________________

Address ____ City _______________________ Zip _______________

Guardian's Name ____ Home Phone ________________ Work ______________

Email ____

Person to be notified in case of emergency when parent cannot be reached and relationship to child.
____ Phone ______________
____ Phone ______________

Will your child be leaving on his/her own after the program? Yes No

Please list the names of the persons allowed to pick-up your child (including yourself/spouse)
____ ____
____ ____

Parent/ Guardian Signature ____ Date ________________

Program(s) Registering For: ____

Program Fees:
Resident $20 per session, $40 per week
Non-Resident $25 per session, $50 per week

For Office Use Only

Date	Receipt #	Staff Initials	Notes	Amt Paid	Balance Due