

SUMMER REGISTRATION FORM

STUDENT NAME: _____

Age/Grade Completed _____ **Birthdate** _____

Parent/Guardian Names _____

Home Address _____

Home Phone _____ Cell Phone _____

Email: _____

Work Name/Address & Ph _____

Alt. Emergency Contact Name & Ph# _____

Please mark requested classes on other side and return form and payment to:

IMAGINATION STATION

110 Commercial, Ste.102 , Marshfield, MO 65706

(417)859-6055 or email: MelanieFraker@gmail.com

www.ImaginationStationExpress.com