



3705 Longfellow Street Hyattsville MD, 20782

Saturday class Student Registration Form

Please complete information below:

Student Name	Allergy info	Date of Birth Mm/dd/yyyy	Gender

Parents' information:

Father's Name: _____ Phone: _____ Email address: _____

Mother's Name: _____ Phone: _____ Email address: _____

Home Address: _____

Parents' Signature: _____

Date: _____