

HTSD Summer Program 2018 Registration Forms

DATES AND TIMES OF PROGRAM: SESSION I: JUNE 18 - JUNE 22

9:00 AM to 12:00 PM HMS

SESSION II: JUNE 25 - JUNE 29

9:00 AM to 12:00 PM HMS

CAMP INVENTION: JULY 23 - JULY 27

8:30 AM to 3:00 PM WYLAND

Please complete and cut out one registration block per class for each child you wish to enroll.

Name: _____

Address: _____

e-mail: _____

Phone(s): _____

School: _____ (M/F) _____

Current Grade: _____ Age: _____

Course Name _____

Course # _____ Session # _____ Fee: _____

OFFICE USE ONLY: Do not write below

Name: _____

Address: _____

e-mail: _____

Phone(s): _____

School: _____ (M/F) _____

Current Grade: _____ Age: _____

Course Name _____

Course # _____ Session # _____ Fee: _____

OFFICE USE ONLY: Do not write below

Name: _____

Address: _____

e-mail: _____

Phone(s): _____

School: _____ (M/F) _____

Current Grade: _____ Age: _____

Course Name _____

Course # _____ Session # _____ Fee: _____

OFFICE USE ONLY: Do not write below

Name: _____

Address: _____

e-mail: _____

Phone(s): _____

School: _____ (M/F) _____

Current Grade: _____ Age: _____

Course Name _____

Course # _____ Session # _____ Fee: _____

OFFICE USE ONLY: Do not write below

Name: _____

Address: _____

e-mail: _____

Phone(s): _____

School: _____ (M/F) _____

Current Grade: _____ Age: _____

Course Name _____

Course # _____ Session # _____ Fee: _____

OFFICE USE ONLY: Do not write below

Name: _____

Address: _____

e-mail: _____

Phone(s): _____

School: _____ (M/F) _____

Current Grade: _____ Age: _____

Course Name _____

Course # _____ Session # _____ Fee: _____

OFFICE USE ONLY: Do not write below

SEND: (ALL 3 ARE REQUIRED)

- Payment (Check or Money Order) made payable to: HTSD
- Completed Registration Blocks
- Completed Health Form (s)

**TO: HTSD SUMMER PROGRAM
WYLAND ELEMENTARY
2284 WYLAND AVE
ALLISON PARK, PA 15101**