

HTSD Summer Program 2019 Registration Forms

DATES AND TIMES OF PROGRAM: SESSION I: JUNE 17 - JUNE 21
 SESSION II: JUNE 24 - JUNE 28
 CAMP INVENTION: JULY 15 - JULY 19

9:00 AM to 12:00 PM HMS
 9:00 AM to 12:00 PM HMS
 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**