

Círculo de la Hispanidad, INC.

26 W. Park Ave. Long Beach, NY 11561
Y.D.D.P. REGISTRATION FORM
WINTER/SPRING 2007

LAST NAME: _____ FIRST NAME: _____ AGE: _____

ADDRESS: _____

TELEPHONE: _____ GENDER: MALE FEMALE

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SCHOOL: _____ GRADE: _____ TEACHER: _____

FATHER'S
NAME: _____ NATIONALITY: _____

MOTHER'S
NAME: _____ NATIONALITY: _____

EMERGENCY TELEPHONE AND CONTACT: _____

ETHNIC GROUP: Caucasian African American Hispanic Asian
 Other: _____

PROGRAMS: (Check all that apply. See flyer for dates and time)

Cultural Prog. Modern Dance. Tae-Kwon Do I Tae-Kwon Do II Basketball

Homework Assis. Spanish Guitar I Spanish Guitar II Youth Committee

PLEASE NOTICE: *More than three (3) absences and/or misbehavior are grounds for expulsion from any program without reimbursement for transportation.*

PHYSICAL OR PSYCHOLOGICAL PROBLEMS? NO YES

If **YES** describe: _____

DO YOU NEED TRANSPORTATION? YES. Attached \$ 30.00 per semester
 NO

Parent/Guardian Signature: _____ Date: _____

Notes: _____

Waiting List