

HSP THURSDAY REGISTRATION

Parent's Name: _____ Phone Number: _____

Student's Name: _____ Grade: _____

Class

Teacher

9:00AM _____
10:00AM _____
11:00AM _____
12:00PM _____
1:00PM _____
2:00PM _____
3:00PM _____

Student's Name: _____ Grade: _____

Class

Teacher

9:00AM _____
10:00AM _____
11:00AM _____
12:00PM _____
1:00PM _____
2:00PM _____
3:00PM _____

Student's Name: _____ Grade: _____

Class

Teacher

9:00AM _____
10:00AM _____
11:00AM _____
12:00PM _____
1:00PM _____
2:00PM _____
3:00PM _____
