

HSP TUESDAY 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 \_\_\_\_\_  
\_\_\_\_\_