**Confirmation Information**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) Phone # and Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate preferences:

1st Choice: Day Mon\_\_\_\_ Tues\_\_\_\_ Wed\_\_\_\_ Thurs\_\_\_\_ Fri\_\_\_\_ Sat\_\_\_\_ Sun\_\_\_\_

2nd Choice: Day Mon\_\_\_\_ Tues\_\_\_\_ Wed\_\_\_\_ Thurs\_\_\_\_ Fri\_\_\_\_ Sat\_\_\_\_ Sun\_\_\_\_

1st Choice: Time \_\_\_\_\_\_\_\_

2nd Choice: Time \_\_\_\_\_\_\_\_

Student Grade Level \_\_\_\_\_\_

Please list your favorite hobbies or pastimes: