

FALL 2009 REGISTRATION FORM

Student's Name: _____ Date of Birth: _____

School Attending in Fall: _____ Grade: _____

Session Times: Sundays, 11:00 a.m. – 2:00 p.m.

Session Dates: October 4 – December 6 (No classes October 18 and November 29)

Parent/Guardian 1	Parent/Guardian 2
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ ZIP: _____	City: _____ ZIP: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

Emergency Contact:

Name: _____ Relationship to the Student: _____

Address: _____ City: _____ ZIP: _____

Home Phone: _____ Work: _____ Cell: _____

Please return this Registration form, the Medical Information and Release form, the Walking Field Trip form, and the Pick-up Procedures form, with a check for \$200.00 made out to **David Rosenthal**, to:

David Rosenthal Poetry Workshops
 1209 Hopkins Street
 Berkeley, CA 94702