



Fenway CDC Computer Class Student Registration Form

Contact Information

First Name: _____

Last Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Primary Phone: _____

Email: _____

School: _____

Date of Birth: _____

Gender: _____

Ethnicity: _____

Languages Spoken At Home: _____

Class (es) you are taking: _____

Who Should We Contact In Case Of An Emergency?

Name: _____

Address: _____

Primary Telephone: _____

Additional Telephone: _____

Email: _____

Relationship to You: _____