



CAMPUS KIDS

Students Class Schedule

MMM
 ____ / ____ / ____
 # _____

Parent's Name: _____

Child's Name: _____

Child's Birthday: _____

Please write which term / year that you are registering for: _____

Declared Field of Study: _____

Parent's/Student's Class Schedule

Day (M, T, W, R, F)	Start Time	End Time	Room Number	Class	Instructor	Credit Hours

Cashier Office Signature / Date

 Fee Pd: _____

Class Schedule Verified
 By: _____
 Date: _____