

**Home School Physical Education Classes
Registration Form**

Parent's Name: _____

Child's Name: _____

Child's Age: _____

Street Address:

City: _____ **State:** _____

Zip Code: _____ **Phone Number:** _____

E-mail Address:

*Please complete and return to Merilee Shank at 251 N. Main Street,
Cedarville OH, 45314. If you have any questions or comments please
contact Merliee Shank at (937)766-8820 or shankm@cedarville.edu.*