Space Coast Christian Co-op

Class Selection

Please Print Clearly

Last name of family: _____

Total number of students enrolling in classes: _____

Parent's name: _____

Parent's email: _____ Parent's phone: _____

1st Student name: _____

	Class Name	**Teacher**
Block 1 (8:30 - 9:25)		
Block 2 (9:30 - 10:25)		
Block 3 (10:30 - 11:25)		
	Lunch (11:25 - 11:55)	
Block 4 (12:00 - 12:55)		
Block 5 (1:00 - 1:55)		

2nd Student name: _____

	Class Name	**Teacher**
Block 1 (8:30 - 9:25)		
Block 2 (9:30 - 10:25)		
Block 3 (10:30 - 11:25)		
	Lunch (11:25 - 11:55)	
Block 4 (12:00 - 12:55)		
Block 5 (1:00 - 1:55)		