



RECEIVED 01/26/2020 6:09PM

## Student Information

First Name	Cho
Last Name	Chang
Birthday	09/02/10
Gender	Female
Phone Number	3479483689
Address	23 E 10th Street
Medical Information	--
Doctor Name	--
Doctor Phone Number	--
Media Waiver	Yes

## Guardian Information

First Name	Ventrice
Last Name	Lam
Email	ventrice.lam@gmail.com
Phone Number	3479483689
Address	23 E 10th Street
Emergency Contact Name	Ventrice Lam
Emergency Contact Phone Number	--

## Registered Classes

Toddler Swim  
2 Months - 8 Months  
Wednesday, 07:00 AM - 09:00 AM · 06/19/19 - 08/19/21

Cheesecake class

5 Months - 4 Years

Friday, 09:00 AM - 12:30 PM · 05/05/19 - 07/17/19

Totnastics

4 Years - 5 Years

Wednesday, 04:30 PM - 05:15 PM · 09/01/19 - 08/31/20

## Accepted Waivers

Liability Waiver

aaa

Media Waiver Information

Media Waiver



Digitally signed by Ventrice Lam

January 26, 2020