



Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Class(es) you are registering for:	Dates:	Cost:

Total:

Amount Paid: \_\_\_\_\_

Thank You! Please mail this registration form with a check made out to “Parent & Teacher Support Services, LLC.” To:

Parent & Teacher Support Services, LLC  
P.O. Box 90 Lake Elmo, MN 55042-0090

Feel free to contact Jenny if you have any questions:

Phone: 651-249-6900

Email: [jennyhanlon3@gmail.com](mailto:jennyhanlon3@gmail.com)