

Make-Up Class Request

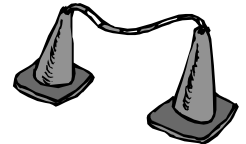
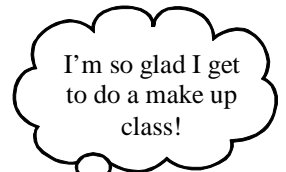
Child's Name _____

Regular Class _____

Day _____ Time _____

Requested Make Up Class: _____

Day _____ Time _____



Please print. Leave this slip with a staff member or place it in the payment box on the lobby desk. If your requested make-up class is unavailable, we will notify you.

Class schedules may be found at www.powerandgrace.com