

**MOREHOUSE COLLEGE NYSP  
PRE-REGISTRATION FORM**

**Instructions: Please provide all of the requested information found on this form. Please type or print legibly to ensure all information is imputed correctly. Make sure that your money order or cashier's check is made out to Morehouse College NYSP and is enclosed with this form.**

Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Parent (Guardian) Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Number \_\_\_\_\_

Cell Number \_\_\_\_\_ Email \_\_\_\_\_

Number of years your child has attended NYSP \_\_\_\_\_

School that your child attends \_\_\_\_\_

Child's grade in school \_\_\_\_\_

**Registration Fee Scale**

One child: \$150.00 for the four weeks

Two children from same family: \$250.00 for the four weeks

Three children from same family: \$360.00 for the four weeks

Four children from same family: \$460.00 for the four weeks

**NON-REFUNDABLE**

MAILING ADDRESS: Dr. Robert Wilson III  
Morehouse College – NYSP  
830 Westview Dr, SW  
Atlanta, GA 30314