



*Shining stars with a bright future!*

DELTA SIGMA THETA SORORITY, INC.

ST. LOUIS ALUMNAE CHAPTER

[DeltaTwinklesSLA@yahoo.com](mailto:DeltaTwinklesSLA@yahoo.com)

## Registration Form: 2017-2018

<b>Child's Name:</b>		<b>Age:</b>		<b>Date of Birth:</b>	
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<b>Address:</b>	
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<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
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<b>Home Phone:</b>		<b>Home Email:</b>	
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**Parent(s) or Guardian(s)**

<b>Name:</b>		<b>Ph:</b>	
<b>Name:</b>		<b>Ph:</b>	

<b>Food restrictions/allergies?</b>	
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**Adult(s) Responsible for drop-off / pick-up**

<b>Name:</b>		<b>Ph:</b>		<b>Relationship to the child:</b>	
<b>Name:</b>		<b>Ph:</b>		<b>Relationship to the child:</b>	

<b>School:</b>		<b>Grade:</b>		<b>School District:</b>	
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**Do you grant permission for your daughter to be photographed?**    Yes \_\_\_\_\_    No \_\_\_\_\_  
*(photographs may be used in future Delta publications or promotional materials for the program)*

**T-shirt Size: (Check one)**

<b>SMALL (6-8)</b>		<b>MEDIUM (10-12)</b>		<b>LARGE (14-16)</b>	
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*Please return registration forms by Saturday, October 7, 2017 to:*

By Mail	Via Email
Delta Sigma Theta Sorority, Inc. St. Louis Alumnae Chapter, Attn: Delta Twinkles P.O. Box 410844 St. Louis, MO 63141	Scan your completed form Send to: <a href="mailto:DeltaTwinklesSLA@yahoo.com">DeltaTwinklesSLA@yahoo.com</a>

**Our first session will be in October 2018 (exact date TBD)**

**Questions? Contact:** [DeltaTwinklesSLA@yahoo.com](mailto:DeltaTwinklesSLA@yahoo.com) or Dr. Alice Miller, Chairperson (314) 495-8596