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1. Select School Store on the left-side navigation bar and click "Shop" under Athlos Academy of St. Cloud.

Campus		
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2. Click "View" under Tiny Titans

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3. Select your student's name from the Recipient drop down list and click the blue hyperlinked "Tiny Titans (Guardian)" link.

Tiny Titans	
Registration Dates: 12/17/2024 - 01/10/2025 Activity Dates: 01/14/2025 - 02/20/2025	
Recipient (Required) TEST STUDENT	
\$50.00 Quantity (Required) Total Price 1 ▼ \$50.00	
Required Forms Declining forms flagged with (Guardian) will prevent registration.	
Tiny Titans (Guardian) GUARDIAN SIGNATURE REQUIRED	

4. Complete all of the fields on the fillable PDF form and then click Submit.

< Ba	ck Tiny Titans		TEST STUDENT
	P t 1	1 of 3 — + Automatic Zoom +	> >>
		Tiny Titans Basketball Registration Form	
		TEST	
		2. Athlete Last Name STUDENT	
		3. Athlete Grade Kindergarten 1st 2nd 3rd 4th	
		4. Athlete Shirt Size Youth Small Adult Medium Adult Large Adult Large Adult Small Adult Small	
		Does your athlete have any health/physical conditions the coaches and staff should be aware of? (If so, please list in 'Other' option)	
Subr	nit Save Next		

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5. You'll see "Signature Complete" under the required form. Click "Add to Cart."

Tiny Titans	
(
Registration Dates: 12/17/2024 Activity Dates: 01/14/2025 - 02/ Recipient (Required) TEST STUDENT Price \$50.00 Quantity (Required) 1	- 01/10/2025 20/2025 Total Price \$50.00
Required Forms Tiny Titans (Guardian) SIGNATURE COMPLETE	
Add to Cart	Close

6. Select "My Cart" on the right side of the screen.

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7. Select "Add Payment Method" and then choose how you'd like to pay for the activity. You must submit payment in order for your student to show on the roster.

K Back Checkout				Payment Method			
STORE ITEMS NAME Tiny Titans - Tiny Titans STUDENT, TEST Payment Method (Required)		Subtotal: \$50.00		Accepted Payment Methods VISA error DISCOVER error echecility Checking, Savings, or Card (Required) Checking Savings			
Add Payment Method Email Address for Receipt Must be a valid email similar to "user@example.com"		Service Fee: Total:	\$50.00	Credit Card/Debit Card Nickname			
jgiovannini@athlosacademies.org				Card Number (Required) Card Expiration (Required) Card Expiration (Required) CVV (Required)			
				00 00 Name On Card (Required) JOHN SMITH	123		
				Contact Information (Required) Address			
				City			
Submit Payment				Save	Cancel		

8. Click "Submit Payment" at the bottom of the screen.

K Back Checkout							
STORE ITEMS	NAME			QUANTITY	AMOUNT		1
Tiny Titans - Tiny Titans	STUDENT, TEST			1	\$50.00	Remove	Item in Cart \$50.00
Payment Method (Required)							My Cart
No payment methods available		Subtotal:	\$50.00				
Add Payment Method		Service Fee:					My Accounts
		Total:	\$50.00				
Email Address for Receipt Must be a valid email similar to "user@example.com"							
jgiovannini@athlosacademies.org						l)	
Submit Payment							