

Parent-Child 2016-2017 Registration Form

For children I-4 years

Child's Name	Male or Female	Date of Birth	Allergies
Sibling's Name	Male or Female	Date of Birth	Allergies
Parent's Name	Parent's Name		
Address		Email	
Addless		EIIIdli	
Home Phone	Work Phone		Cell Phone
Home Thome	work mone		Cell Thone
Emergency Contact Name		Emergency Contact Phone	
The tuition for each 8-week ses	sion is \$120. Classes will meet wee	ekly from 8:30-10:30am. Sibli	ars under one vear of
	e discretion of the teacher. Siblings	,	•
There is also a 10% discount for e	_		
 Fall 2016 Session: Sept. 7th – Nov. 18th (No classes 9/14/16 – 9/16/16 and 10/24/16 – 11/4/16) 		Parent-Child T	uition: \$
(No classes 9/14/16 – 9/16)	/16 and 10/24/16 – 11/4/16)	\$25 Sibling dis	scount: \$
Winter 2017 Session: Ja	an. 9th – March 10th		,
(No classes 2/20/17 – 2/24/17)		10% discount: \$	
Spring 2017 Session: March 20th – May 26th		тс	DTAL: \$
(No classes 4/10/17 – 4/2)	/17)		
Who will be attending with the o	child(ren)		
Signature:		Date:	

Do we have permission to use photography of your child(ren) in our publications? YES or NO