

Parent-Infant 2016-2017 Registration Form

For children 0-12 Months

| Child's Name | Male or Female | Date of Birth |
|--|-------------------------|---|
| Parent's Name | Parent's Name | |
| Address | | Email |
| | | |
| Home Phone | Work Phone | Cell Phone |
| Emergency Contact Name | Emergency Contact Phone | |
| The tuition for each 8-week session is discount for enrollment in multiple sessi | | TBD), from 8:30-10:00am. There is a 10% |
| ☐ Fall 2016 Session: Sept. 7th — (No classes 9/14/16 – 9/16/16 and | | Parent-Infant Tuition: \$ |
| ☐ Winter 2017 Session: Jan. 9th | – March 10th | 10% discourit: \$ |
| (No classes 2/20/17 – 2/24/17) | March Total | TOTAL: \$ |
| □ Spring 2017 Session: March 20 (No classes 4/10/17 – 4/21/17) | 0th – May 26th | |
| Who will be attending with the child(r | en): | |
| Signature: | | Date: |

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