

Parent-Child 2025-26 Registration Form For children, ages 1-4 years with adult

Child's Name	Pronouns Used	Date of Birth	Allergies/Food Avoidances	
Sibling's Name	Pronouns Used	Date of Birth	Allergies/Food Avoidances	
Parent or Guardian Name	Who Will Attend Clas	s with Child/ren?	Allergies/Food Avoidances	
				YES or NO
Address		Cell Pho	ne Number	Accept Texts?
Primary Email		Secondary Email		
be designed for that age of c more classes canceled, PRWS reimbursement for classes m we cannot accommodate ma	S will offer a reimbursement issed due to personal nee	nt or credit towards th ds unless they are disc	e next session. Th	nere can be no
o Fall Session: Sept. 15 – Nov. 14 (Indicate 1 st & 2 nd choice for (No classes: 10/27 - 10/31)		choice for class below)	Parent-Child Tuition: \$	
Monday Tuesda	ay 🗌 Thursday 🔲 Fri	day 🗌	\$25 Sibling Discount \$	
o Spring Session: Feb. (No classes: 4/6 - 4/10)	23 — April 24 (Indicate 1 st & 2	^{ond} choice for class below)	20% off for multiple days \$	
Monday 🗌 Tuesd	ay 🗌 Thursday 🔲 Fri	ursday Friday TOTAL: \$_		OTAL: \$
Signature:				

I give PRWS permission to use photos or videos of my child(ren) for promotional & educational purposes. YES or NO