

Registration Form

Today's Date: _____

Child's first and last name: _____

Nickname: _____

Date of Birth: _____ Age: _____ Male/Female _____

Address: _____

City/State/Zip: _____

Circle Class you are registering for:

Pre-sports skills 3-5 yo

Sport Skills 6-8 yo

Infant massage

Mommy and Me

Music/Movement (2-3 yo)

Yoga 4-7 yo

Yoga 8-11 yo

1. Parent's Name: _____

Occupation: _____

Phone: (Home) _____

(Work) _____

(Cell) _____

Email: _____

2. Parent's Name: _____

Occupation: _____

Phone: (Home) _____

(Work) _____

(Cell) _____

Email: _____

Name of Person(s) who may be accompanying your child to class if not a parent:

_____ Relationship _____

Payments can be made by check or credit card (Visa/Master card)

There must be an adult present who is responsible for each child in case of emergency.