



CHILD'S NAME: _____ DOB: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ ALTERNATE PHONE: _____

PARENT'S NAMES: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE: _____

PROGRAM INFORMATION

PROGRAM NAME: _____

DAY: _____ TIME: _____ SESSION: _____

DATES: _____

PAYMENT INFORMATION

CREDIT CARD #: _____ EXP. DATE: _____

CHECK ENCLOSED: _____ CHECK #: _____

X _____
(Please Sign)

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