



# REGISTRATION



Parent Name :

Child Name :  Age :

Phone # :

Email :

Medical conditions we need to be aware of?:

## PLEASE CHECK ONE

\*Choose your session day(s)

FRIDAYS     SATURDAYS     FRIDAYS & SATURDAYS

\*Choose your session time(s)

12:00 - 12:25     12:30 - 12:55

\*Requested start date: