



Class:

Location:

Session Date: / /

Session Time:

REGISTRATION FORM

Personal Information

First Name:

Primary Phone:

Last Name:

Secondary Phone:

Address:

Mobile Phone:

City:

Email:

Country:

Province/State:

Member of the following sites:

Zip/Postal Code:



Child Information 1

Child Information 2

First Name:

First Name:

Last Name:

Last Name:

Birthdate: / /

Birthdate: / /

Age:

Age:

Gender:

Gender:

School Child Attends:

School Child Attends:

Teacher:

Teacher:

Grade:

Grade:

Special Instructions:
Medical Awareness

Special Instructions:
Medical Awareness