

Once Upon a KinderGym – Registration Form

Participant's name _____ Sex M / F

Date of birth _____ Age _____

Parent/guardian's name _____

E-mail _____ Phone _____

Emergency contact _____ Phone _____

Does the child have any medical condition that we should know about? Yes No

If yes, please describe.

The registration is for: Fall Winter Spring
Day: Monday Tuesday Wednesday Thursday Friday

Fee for the program: _____ Type of payment: Cash Check MasterCard

Please include a \$30 non-refundable insurance fee.

Signature _____ Date _____