

REGISTRATION FORM

Parent's name _____

Child's name _____

Date of birth _____

Address _____

Phone number _____

E-mail _____

Allergies _____

Special interests _____

SPRING SESSION

Wed 10-11:30 _____

3:30-5:00 _____

Thurs 10-11:30 _____

Fri 10-11:30 _____

SPRING CLASSES

Tell me, I forget

Show me, I remember

Involve me, I understand

Wednesdays

March 23 - April 20

10:00-11:30 or 3:30-5:00

Thursdays

March 24 - April 21

10:00-11:30

Fridays

March 25 - April 22

10:00-11:30



