

*growing the whole child*

**Child Registration**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Parent or Guardian's Last Name | | | Parent or Guardian's First Name | | | |
|  | | |  | | | |
| Parent or Guardian's Last Name | | | Parent or Guardian's First Name | | | |
|  | | |  | | | |
| Home Phone | Work Phone | | Mobile Phone | E-mail Address | | |
|  |  | |  |  | | |
| Street | | | City | | Prov | Postal Code |
|  | | |  | |  |  |
| Alternate Contact | | Alternate Contact Number | Photo Release | Video Release | | |
|  | |  |  |  | | |
| Photo/Video Notes: | | | |
|  | | | |

**CHILD'S INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child's Name | Birth Date DD MMM YYYY | Age | Children's Yoga | Children's Reiki |
|  |  |  |  |  |
| Child's Name | Birth Date DD MMM YYYY | Age | Children's Yoga | Children's Reiki |
|  |  |  |  |  |
| Child's Name | Birth Date DD MMM YYYY | Age | Children's Yoga | Children's Reiki |
|  |  |  |  |  |
| Health Concerns/Allergies/Other | | | | |
|  | | | | |
| Programme:  Start Date & Time  Cost: Cash  Cheque | | | | |

The Children's Garden is not responsible for an injury or illness that your child may incur while visiting or participating in any of our programmes.

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make all cheques payable to: **Barbara Westgate**

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Email: **natural\_child@hotmail.com** Phone: **519-474-3579**