



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
		<input type="checkbox"/>	<input type="checkbox"/>
Photo/Video Notes:			

CHILD'S INFORMATION

Child's Name	Birth Date DD MMM YYYY	Age	Children's Yoga	Children's Reiki
			<input type="checkbox"/>	<input type="checkbox"/>
Child's Name	Birth Date DD MMM YYYY	Age	Children's Yoga	Children's Reiki
			<input type="checkbox"/>	<input type="checkbox"/>
Child's Name	Birth Date DD MMM YYYY	Age	Children's Yoga	Children's Reiki
			<input type="checkbox"/>	<input type="checkbox"/>
Health Concerns/Allergies/Other				
Programme: _____				
Start Date & Time _____				
Cost: _____ Cash <input type="checkbox"/> Cheque <input type="checkbox"/>				

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**
 Mailing Address: **766 North Mile Road, London, ON N6H 2X8**
 Email: **natural_child@hotmail.com** Phone: **519-474-3579**