

*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 & TimeCost: 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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