

Class Registration Form

Child's name _____ Date of birth _____ Grade _____ Gender _____

Parents' name(s) _____

Street _____

City _____ State _____ Zip _____

Phone (day) _____ (evening) _____ (cell) _____

E-mail _____

Allergies, Medications, Conditions _____

Dietary Restrictions _____

Class Title _____ Date _____ Cost \$ _____

Circle as applicable: Before Care \$5 After Care \$5 Before & After Care \$10 \$ _____

Class Title _____ Date _____ Cost \$ _____

Circle as applicable: Before Care \$5 After Care \$5 Before & After Care \$10 \$ _____

Become a member at The Works for a full calendar year for only \$60! (Add membership price) \$ _____

Total due with registration \$ _____

Method of payment: Check (Please make checks payable to The Works.)

Visa/Master Card # _____ exp. _____

Photographs: Registration implies permission to use photographs of students for promotional purposes only. Children will not be identified by name. (If you prefer your child not be photographed, please cross this section out).

Have you ever registered a child for a camp at The Works before? Yes No

Signature _____ Date _____

Notes: