

Registration Form

First Name: _____

Last Name: _____

Child 1's Name: _____ DOB: _____

Child 2's Name: _____ DOB: _____

Phone: _____

Email: _____

Address: _____

Emergency Information

Contact Name: _____

Relationship: _____

Phone: _____

Health Concerns

Allergies: _____

Class Choice (please circle)

Intellidance® Babies

Intellidance® Tykes

Intellidance® Tots

Intellidance® Kids

Location: _____

Day / Time: _____

Payment (please circle)

Cash

Cheque

Credit Card

PayPal