

Welcome Little Ones Learning Center
Sing, Move, Act Classes - Registration Form

Child #1 Name _____ Birthdate _____

Child #2 Name _____ Birthdate _____

Parent's Names _____

Complete Address _____

Best Phone _____ Other Phone _____

Email _____

How did you hear about our classes? _____

Any health concerns or allergies? _____

If someone other than parents listed above are bringing the child please include information and/or an emergency contact person:

Name _____

Relationship _____ Best Phone _____

Email _____

Please select: (see website for schedule and fees)

Class Day _____ Class Time _____

First Child Fee _____ + add sibling amt _____ = total _____

What is your payment method? Check _____ Cash _____ Credit Card _____

If Credit Card, which one? Visa _____ MC _____ Discover _____

Name on card _____ Card Number _____

Expiration Date _____ Security Code _____

Billing Information if different from above _____

Classes are filled on a first come first served basis, as registrations are received.

*If paying by check please make payable to: Welcome Little Ones Learning Center LLC,
send to: 11 Gentry Dr, Palmyra PA 17078*

You have my permission to email me class-related information and announcements. I understand that my personal information is for the exclusive use of communication from Welcome Little Ones Learning Center LLC. You have my permission to use photographs or video of myself or my child taken at classes or special events that could also be used on the Welcome Little Ones Facebook page or blog. With this enrollment, I release any and all rights and claims for damages against Welcome Little Ones Learning Center LLC and its Staff in the unlikely event of injury sustained by myself or my child(ren) during the course of or as a result of my enrollment.

Signed _____

Date _____