

Please fill out all the spaces neatly

Name: _____

Home Address: _____

Phone: _____

Email: _____

Emergency contact 1: _____ (relation) _____

Emergency contact 2: _____ (relation) _____

Are you currently on Medication? If yes, what are they? _____

Are you allergic to any Medication? If yes, what are they? _____

Do you have any medical conditions? If yes, what are they? _____

Session attending: _____

Pick up times: late pick up after 3pm is +\$40/day

Monday	Tuesday	Wednesday	Thursday	Friday

Credit card information

Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover
Cardholder Name _____
Card Number _____
Expiration Date _____ CVV (3 digit number on back of Visa/MC) _____