

Make Parenting A Pleasure Class Registration

Registering for the entire series _____
Registering for an individual class (please list) _____

Name: _____ Date: _____

Address: _____

City and Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Location: _____ Work Phone _____

Names of Children

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Please list any children, including those listed above, that are over three and that you will be bringing to child care: _____

Are there any dietary restrictions or medical issues that we should be aware of while your child(ren) are in child care?

