

Fall 2020 Registration Form

Name of child:

Date of Birth (yyyy/mm/dd):

Sex:

Requested day & time of class / possible alternative:

Home phone #

Address:

Postal code:

First parent's name:

Alternate #

Preferred email:

Co-parent's name:

Alternate #

Email:

Person participating in class with child if other than above
(applies to baby to pre-school & family classes only):

Phone #

Email:

How did you find out about the classes?

Waiver and indemnity: I do hereby release "Little Voices, Dancing Feet" and all its' agents from any and all actions, claims, and demands for, upon, or by reason of, damage, loss or personal injury, which may be sustained by my child, myself, or my agent, during the course of, or as a result of, these classes.

Signature:

Date: