



CLASS REGISTRATION FORM
<http://www.LaCanadaKids.com>

Class(es): _____

Student's Age: _____

Parent or guardian and anyone allowed to pick-up child from class:

Address:

Home Phone and Cell Phone Number:

Email Address:

Emergency Contact Phone:

Allergies? If yes, please list.

Child's Physician Name and Phone:

Please list any medications your child is currently taking.

Is there anything else we should know? If so, please explain.

I understand that there are no make-up classes.

Signature _____ Date _____