

Your Charming Child Registration Form

Parents' Name(s):

Emergency Contact:

Child(ren)'s Name(s) and Age(s):

Child(ren)'s Gender

Can he/she/they read and write?

Food/other Allergies (please include examples of foods he/she CANNOT eat):

Program(s) Desired (please check all that apply):

Social Skills (2 hours) ___

Communication Skills (2 hours) ___

Dining Etiquette (2 hours) ___

Session & Date Desired (please provide back-up date in case class is full):

1. _____ 2. _____

Home Address:

Cell Phone:

Home Phone:

Email Address:

Questions or concerns:

How did you hear about *Your Charming Child*?

From time to time we would like to capture the fun the kids have during class. Are you OK with your child's photo possibly being taken and included on our website or in other PR materials (e.g., newspaper, brochure)? It will show other parents what a class is like and can help our business grow. This would be for our use only and we would not sell or share it with others.

Yes ___ No ___