

		date:/	/
Child, name:	age:	dob://	boy/girl
Sibling, name:	age:	dob://	boy/girl
Parent / Guardian, name:		_ phone:	
	email:		
home address:			

O I do / O do not / give permission for photos to be taken, and possibly used for marketing purposes for P@A! for print or social media. (Children's names are never included).

Tuesdays, Wednesdays & Thursdays | ages 18 mo - 4 yrs | 10am - 11am

Daily: \$24 | \$20 sibling (15% off)

10-pack: \$216 (10% off) | \$200 sibling (15% off)

Dates Attended: _ _

Credit Card Information

Please return completed registration information with credit card payment information (below) to insure your child's placement in class. No personal information is shared by POA with any 3rd parties. Payments will be processed at the start of each new session.