

PLAY@ART!

Summer Toddler Time | Registration Form

date: ____/____/____

Child, name: _____ age: _____ dob: __/__/__ boy / girl

Sibling, name: _____ age: _____ dob: __/__/__ boy / girl

Parent / Guardian, name: _____ phone: _____

Parent / Guardian, name: _____ phone: _____

email: _____

I do / 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).

Wednesdays | ages 18 mo - 4 yrs | **4 - 5 pm**

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 P@A with any 3rd parties.** Payments will be processed at the start of each new session.

CC Number: _____ Exp.: __/__/__ CVC.: _____ zip code.: _____