





## Parent+Child Classes

### Application & Contact Information

Child	Name		DOB	
Guardian #1	Name		Email	
	Home Phone		Cell	Work
Guardian #2	Name		Email	
	Home Phone		Cell	Work
Additional Information	Please list any physical, social, emotional, psychological, language and/or academic challenges including fine/gross motor skills.			
	Please list any other important information so that we may be best prepared for your child.			
	Signature		Date	