

## Creative Play for Kids - Registration Form Fall 2011

Parents Name - \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address - \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone - \_\_\_\_\_

Email - \_\_\_\_\_

**Reflections Yoga Studio** - 250 West 49<sup>th</sup> St., (between Broadway and 8<sup>th</sup> ave.)

**Wednesdays: Sept. 14<sup>th</sup> - Dec. 14<sup>th</sup> (12 classes plus make - up on 12/14--No classes 11/23)**

**Fee: \$288**

11:00a - movers and toddlers up to 36 months

12:00p - babies up to 14 months

**The Westport - 500 West 56<sup>th</sup> St. (enter on 10<sup>th</sup> ave)**

**Fee: \$330 Classes are for Residents ONLY**

**Thursdays: Sept. 15<sup>th</sup> - Dec. 15<sup>th</sup> (11 classes plus make-up 12/15--No classes 9/29 & 11/24)**

9:30a - movers and toddlers includes **music and art** (18 months and up)

10:45a - movers and toddlers

**Payment Options:**  Check  VISA  MasterCard (**\$8 processing fee per cc transaction**)

**Credit Card Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **3 Digit Security Code:** \_\_\_\_\_

By Signing you accept that your credit card will be billed for the amount indicated above.

Signature - \_\_\_\_\_

### CLASS POLICIES...Please read and sign:

- **HEALTH:** PLEASE keep sick children home. You are welcome to make up 2 missed classes in one of the other locations. Make-ups must be scheduled within the session.
- **REFUNDS:** 100% Refunds will ONLY be issued prior to the start date of the session.
- **PHOTOS:** PLEASE respect the privacy of others and ONLY take still photos of your child. PLEASE... NO videotaping. Texting and talking on cell phones is prohibited
- My child has the following medical and/or developmental conditions \_\_\_\_\_
- My child is allergic to \_\_\_\_\_

### Waiver:

Creative Play for Kids, LLC, it's instructors, Eileen Levine, and the various facilities are not legally held responsible for any illness, accidents or injury that may occur to you (includes any adult caregiver accompanying your child) and/or your child. By signing this document, you agree to accept full responsibility for yourself, your child's caregiver, and child while attending Creative Play for Kids classes.

I, \_\_\_\_\_ am registering my child for the Fall 2011 session of Creative Play for Kids classes. I have read the above class policies and agree to accept them. All the information on this registration form is accurate.

Please submit this form and payment - via email to: [info@creativeplayforkids.com](mailto:info@creativeplayforkids.com) OR  
mail to: Eileen Levine/Creative Play for Kids 1462 First Avenue, #4E NYC NY 10075