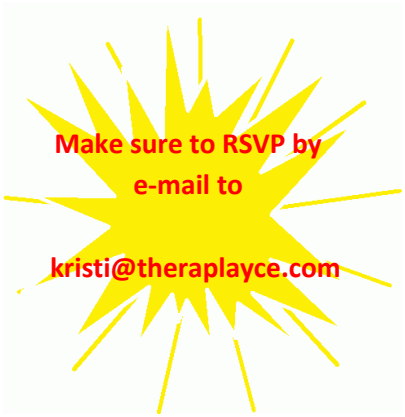
Registration Form

Movin N' Groovin

(Please print, fill out, and bring to session)



Child's Name: _____
First MI Last

Child's Date of Birth: _____

Home Address: _____
Street City State Zip

Parent/Guardian Name: _____

Home Phone: (_____) _____-_____

Cell Number: (_____) _____-_____

Email Address: _____

Emergency Contact: _____

Phone: _____

Relationship to child: _____

_____ I give consent for Theraplayce to take pictures of my child and use them in their publications (ie. Website, brochures, patient files, etc. . .)

Signature: _____ Date: _____