

Parent(s) Name _____

Address _____

Cell _____

Email _____

Child's Name _____

Date of birth _____

M/F _____

Child's Name _____

Date of birth _____

M/F _____

Are there any other siblings:

Name _____

Date of birth _____

Grade/School _____

Tell us a little about your family rhythms and traditions (daily, seasonal, yearly)?

Food Allergies? _____

Is there anything else you would like to share about your family? _____

How did you learn about KWS? _____

I/we give permission to take and use photos of me/my child for publicity purposes. Yes No

Date of first class: _____ Date of last class: _____

Parent Child Program Tuition: _____

Full payment is due 30 days prior to the start of the class to ensure your place. This payment is non-refundable.

Parent Signature _____ Date _____

KWS Representative Signature _____ Date _____