



Family Registration Form 2010/11

Parent's Name: _____

Address: _____

Home Phone: _____

Email Address: _____

Cell Phone: _____

In case of an emergency contact: _____

Class, Day & Time: _____ Fee: \$ _____

Child's Name: _____ Age: _____

Class, Day & Time: _____ Fee: \$ _____

Child's Name: _____ Age: _____

Class, Day & Time: _____ Fee: \$ _____

Child's Name: _____ Age: _____

Total: \$ _____

(Make checks payable to: The Yoga Leaf)

Child's Needs: Please share any pertinent information regarding your child that will make his/her experience in class more comfortable: _____

The Yoga Leaf C/O Whimsy, 686 Worcester Rd. (Rt.9), Framingham
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