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### Class registration Form

Registration Date: \_\_\_\_\_

Registration Class: \_\_\_\_\_

Class Instructor Name: \_\_\_\_\_

Child Name: \_\_\_\_\_

Child D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Parents: \_\_\_\_\_

Diagnoses or specific concerns: \_\_\_\_\_

Date and time preferred for class: \_\_\_\_\_

What would you like for your child to get out of class: \_\_\_\_\_

\_\_\_\_\_

Classes/group sessions/camps you would like to see provided:

Fax to 636-464-5438