

Child, name	e:		
	age:	date of birth:	
Sibling 1, n	ame:		
	age:	date of birth:	
Parent/Gu	ardian name	e(s):	
phone num	ber(s):		-
Home Addr	ess:		_
			-
How did you	ı hear of us?	P	-
to possibly l	, –	permission for photos to be taken during class activ narketing purposes for P@A/ for print or social med ed.	,
Ī	Dates Attended:		
-			
Tuesd	ay, Wednes	day, Thursday   ages 18 mo - 4 yrs   10am - 11a	am
		Daily: \$24 / \$20 sibling (15% off)	
	10-Pa	ack: \$216 (10% off)   \$200 sibling (15% off)	
		Payments	
Charges will	only be proces	neckout for regulars, please fill out credit card information bel used individually after each Toddler Time attended, and an em ecks can be made payable to: <b>Little Bean Studio</b> , and cash is a	ail re-

card number:			exp:/	/
	security code:	zip code:		