

## **EdStart** 2024/25 | Registration Form

	Fridays 9:30am-12pm	
Child (name): _		
age: _	birthday:	
Sibling 1 (name)	):	
age: _	birthday:	
Sibling 2 (name)	):	
age: _	birthday:	
Are there medica	al diagnosis, allergies, or special needs that we should be made aware of?	
My child has the follo	owing allergy which may be life-threatening:	
_	iPen, and give permission for it to be administered in case of emergency.	
	give permission for my child to be photographed during class activities, and possibly exclusively for P@A print or social media. (Children's names are never included).	used for
Parent/Guardia	<b>1,</b> name:	
phone:	email:	
home address:		
_	e for pick-up(if other than parent)  9:30AM-12PM / 3-5 YRS.	
	ART-N-EAT 12-12:30PM (OPTIONAL) / \$18 DAILY	
•	pt. 20 - Dec. 20 (no class Nov. 8 & 29 / 12 classes / \$768 / sib. \$690 sion 1 Art-n-Eat / \$194	\$
O Session 2 / Jan	n. 10 - Mar. 28 / 12 classes/ \$768 / sib. \$690	\$
	sion 2 Art-n-Eat / \$194	
• -	r. 11- May 23 / 6 classes / \$384 / sib. \$345	\$
Sess	ion 3 Art-n-Eat / \$97	
	Total Students: Total Deposit (\$250 per chil	AL:
		Ce:
	Credit Card Information	
lease return comple	ted registration information with credit card payment information (below) to i	nsure vour child'
lacement in class. <b>N</b>	o personal information is shared by <b>P@A</b> with any <b>3rd parties.</b> Payments will be new session. If paying by check, checks should be made payable to <b>Little Bear</b>	e processed at th

\_ Exp.: \_\_\_/\_\_\_ CVC.: \_\_\_\_\_ zip code.: \_\_