

SENSORY BOUNCE REGISTRATION FORM

PARENT FULL NAME; _____

CHILD 1 FULL NAME _____

BIRTHDAY: _____ CURRENT GRADE _____

CHILD 2 FULL NAME: _____

BIRTHDAY _____ CURRENT GRADE _____

ADDRESS _____

PHONE: _____ CELL # _____

EMAIL _____

GROUP INFORMATION: PLEASE CHECK ONE.

Sessions begin on September 17th, 2013

TUESDAY 10:15-11:15 (2-4) 1:00-2:00 (2-4) 4:30-5:30 6:00-7:00 (5-8 and 9-11)

JOLLY JUMPERS(2-4) JUMPING JUNIORS(5-8) POWER JUMPERS (9-11)

CREDIT CARD INFORMATION

TYPE OF CARD _____ NAME ON CARD _____

CARD NUMBER _____

EXP DATE _____ SEC CODE _____

PLEASE PROVIDE ANY INFORMATION YOU FEEL WE SHOULD KNOW ABOUT YOUR CHILD SUCH AS SPECIFIC ISSUES/FEARS/DIAGNOSIS:

I WILL BE JOINING THE PARENT SUPPORT GROUP YES NO

MIRIAM SKYDELL AND ASSOCIATES
(201) 794 7700

BOUNCE U of PARAMUS
(201) 843-5880

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