

Little Wonders

Child Growth & Development Center, Inc.™

610•275•KIDS

REGISTRATION FORM TOTS OF FUN PROGRAM

Child's Name _____ Sex M__ F__ Birth Date ___/___/___ Age _____

Address _____ City _____ Zip _____

Parent's Name _____ Email Address _____

Home Phone _____ Cell Phone _____

Please register my child for the following class: (Please Circle)

CRAWLERS (6 –12 MONTHS)	Tuesday, 9:15am	
WALKERS (10—18 months)	Tuesday, 10:15am	Wednesday, 9:30am
ON THE MOVE (18—30 months)	Wednesday, 10:30am	Friday, 9:30am
WONDER KIDS (30—48 months)	Wednesday, 11:30am	Friday, 10:30am
TOTS TOGETHER (18—60 months)	Friday, 11:30am	
NEW LITTLE ATHLETES SPORTS (4—6 Year Old)	Tuesday, 5:30pm	

- **Cancellation Policy:** No refunds or credits will be issued for missed classes. Little Wonders Child Growth & Development Center reserves the right to cancel a group if less than five children enrolled in a class.

Payment:

Please make checks payable to: Little Wonders Child Growth & Development Center, Inc. Check # _____

Visa, Mastercard or Discover Accepted:

Credit Card # _____ Expiration Date _____

Class Fee: _____ Registration Fee: _____ \$25.00 (One-Time Fee) TOTAL AMT DUE: ___\$ _____
(✓ if applies)

IMPORTANT: All mention of "LWC" refers to Little Wonders Child Growth & Development, Inc®

Liability Waiver:

In consideration of _____ ("my child") participating in activities at LWC, I agree to assume all risk and hereby waive, and release LWC and its officers, directors, and instructors (collectively "LWC") from any and all claims or causes of action for injury, damage or loss to the person or property of my child. I further agree to indemnify and hold "LWC" harmless from any and all losses, claims or causes of action for injury, damage or loss in any way relating to or arising from incidents, occurring at this facility. This waiver and release is intended to be an express waiver and release from any and all claims against "LWC" arising from my child's participation in any activities, including all claims or causes of action based upon alleged negligence or gross negligence of "LWC". This agreement shall remain in effect as long as and whenever my child participates in activities at "LWC". I also grant "LWC" permission to provide emergency assistance and obtain medical care in the event of a medical emergency.

Parent/Guardian Signature

Print Name

Date