



Parent/Caregiver & Toddler Classes 2014 Registration Form

Child's Name: _____ Male Female Date of Birth: _____

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Present School: _____

Parent Name: _____ Day Phone: _____

Cell Phone: _____ Email: _____

Parent Name: _____ Day Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact: _____ Relationship: _____

Cell Phone: _____ Day Phone: _____

PLEASE REGISTER MY CHILD FOR THE FOLLOWING PROGRAMS

Wee Wiggles

Mondays
9:15-10:15am
 Sept. 8, 15, 22, 29
 Oct. 6, 13, 20, 27
\$100

Kiddie Kapers

Tuesdays
9:15-10:45am
 Sept. 9, 16, 23, 30
 Oct. 7, 14, 21, 28
\$216

Thursdays
9:15-10:45am
 Sept. 11, 18
 Oct. 2, 9, 16, 23, 30
\$189

Toddlers in the Kitchen

Wednesdays
9:15-10:30am
 Sept. 10, 17, 24
 Oct. 1, 8, 15, 22, 29
\$152

Fun with Friends

9:15-10:00am
 Sept 12
 Sept 19
 Oct. 3
 Oct. 10
 Oct. 24
 Oct. 31
Free

PAYMENT INFORMATION

Mail Completed form to: Kate Bodmer/Kol Havarim, 1079 Hebron Avenue, Glastonbury, CT 06033

Amount: \$ _____ Check Enclosed Charge: MC Visa Disc Amex Card on file

Name as it reads on the card: _____

Credit Card #: _____ Exp. Date: _____

Signature: _____ Date: _____

- Lost time (including illness or vacations) cannot be made up in other sessions.
- Groups will run at the discretion of the director
- Schedule changes/cancellations must be made by June 1st, 2014. After June 1st, no refunds/changes will be granted

Although we hope that our classes will be successful for everyone, there may be a situation that does not work for the child or class. We will do our best to make accommodations to better the situation. At the director's discretion, a child may be asked to leave the class. In this situation, a pro-rated refund will be issued.

- I/We agree to the terms of enrollment contained therein.
- I/We understand that a \$30.00 fee will be incurred for returned checks or declined credit cards.

Parent Signature: _____

Date: _____