

# Magical Movements Registration Form

Student's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: Male Female

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Home: \_\_\_\_\_

Numbers: Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Emergency: \_\_\_\_\_

Email: \_\_\_\_\_

Person(s) authorized to pick up the child:  
\_\_\_\_\_  
\_\_\_\_\_

<b>Camp</b>				
Mon__	Tues__	Wed__	Thurs__	Fri__
(3-6 yrs)		(5-10 yrs)		
Week(s)				
1 / 2 / 3 / 4 / 5 / 6 / 7				
Cost				
\$ _____				

<b>Classes</b>	
Type	_____
Day & Time	_____
Cost	
\$ _____	

**Is this a new or returning camper/student?**  
New (\$25 Non-refundable Registration Fee)  
Returning

(\*) Full payment is due at time of registration.  
(\*) In the case of class withdrawal, there are NO REFUNDS. Class credit is not given during the summer session.  
(\*) Each student/parent is responsible for updating any personal information that may have changed.

**How did you hear about us?**  
Ad                      Friend/Family                      Internet                      Other \_\_\_\_\_

**Form of Payment:**  
Cash                      Personal Check                      MasterCard                      Visa

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_