



PARENT NAME		
STREET ADDRESS		
CITY	ZI	P
EMAIL		
HOME #	CELL#	
STUDENT'S NAME		
STUDENT'S AGE		
DOES YOUR CHILD ATT	END DAYCARE? (Y/N)	
HOW DID YOU LE	ARN OF OUR "ICTY BICT	PROGRAM?
	SE CIRCLE SESSION CHOICE	
Session 1	Session 2	Session 3
Sadubua Kuas	Bulley May Kisses	Dandelion Wishes

A PREPAYMENT OF <u>\$60</u> IS DUE PRIOR TO EACH SESSION OR A COMBINED PAYMENT OF <u>\$180</u> FOR ALL THREE SESSIONS.

PLEASE BE SURE TO SIGN AND MAIL IN THE ADDITIONAL <u>WAIVER FORM</u> TO GUARANTEE REGISTRATION.