



## Registration Form

Child's Name \_\_\_\_\_

Age \_\_\_\_\_

Session and Location Attending \_\_\_\_\_

Cost \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ required for credit card payment

Email Address \_\_\_\_\_

check this box if you do NOT wish to receive our monthly newsletters   
PoliteChild will not sell or distribute your e-mail address to other organizations.

What does the parent hope the child gains from these sessions?  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies or conditions we should know about?  
\_\_\_\_\_  
\_\_\_\_\_

Payment Method:  Check Please make check payable to The PoliteChild  
 Credit Card

Payment Amount: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Type:  Visa  MasterCard  AMEX  Discover

Credit Card Number: \_\_\_\_\_

Expiration (mm/yy): \_\_ / \_\_

Verification Code: \_\_\_\_\_

Required to process payment



VISA/MC last 3 digits  
on back of card



AMEX 4 digits  
on front of card

Name, Address, Phone on card if different from above  
\_\_\_\_\_  
\_\_\_\_\_