

Registration Form 2012
For Sensory Integration Overviews

Name: _____ Day Phone: _____

Address: _____ Evening Phone: _____

City/State/Zip: _____

Please circle the classes you wish to attend. You are not required to attend all classes within a series but must attend them in order. You may pay for the classes one at a time (\$ 75 per each) or in full. There are 4 classes total.

Day Time Classes

Beg Training	2/29	9/26
Sensory Diet	3/6	10/3
Engine	3/14	10/10
Playroom	n/a	n/a

Evening Classes

Beg Training	1/19	4/19	6/7	10/18
Sensory Diet	1/26	4/26	6/14	10/25
Engine	2/2	3/3	6/21	11/1
Playroom	2/9	3/10	6/28	11/8

People attending (please give names and relationship to child): _____

(A flat rate of \$75.00 per class is charged per "related family members" {sitters included} regardless of the number of attendees).

Child's name, age, any formal diagnosis: _____

How did you hear about these overviews?: _____

Email Address: _____

Amount Enclosed: _____ Number Attending: _____
 \$75; \$150; \$225; \$300

Please make checks payable to: Christy Kennedy
 Classes will be held at the following address: 234 E. Parkwood Road
 Decatur, GA 30030-2813