

**Registration Form**  
*For Sensory Integration Overviews*

**2011**

**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**

<b>Beg Training</b>	<b>1/26</b>	<b>4/27</b>	<b>7/13</b>	<b>9/21</b>
<b>Sensory Diet</b>	<b>2/2</b>	<b>5/4</b>	<b>7/20</b>	<b>9/28</b>
<b>Engine</b>	<b>2/9</b>	<b>5/11</b>	<b>7/27</b>	<b>10/5</b>
<b>Playroom</b>	<b>2/16</b>	<b>n/a</b>	<b>8/3</b>	<b>n/a</b>

**Evening Classes**

<b>Beg Training</b>	<b>3/3</b>	<b>4/21</b>	<b>6/9</b>	<b>10/13</b>
<b>Sensory Diet</b>	<b>3/10</b>	<b>4/28</b>	<b>6/16</b>	<b>10/20</b>
<b>Engine</b>	<b>3/17</b>	<b>5/5</b>	<b>6/23</b>	<b>10/27</b>
<b>Playroom</b>	<b>3/24</b>	<b>5/12</b>	<b>-0-</b>	<b>11/3</b>

**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