



Cambridge
SCHOOLS™

FALL MOMMY and ME 2016

REGISTRATION FORM

**A full registration packet MUST be completed and submitted,
including a current Good Health Certificate and Vaccination record.**

Child's Name _____

Date of Birth _____

Parent's Name _____

Address _____

Phone Number _____

E-mail address _____

Date of first class attending: _____

Cost for session: _____

Payment Type:

Visa Master Card Discover Check

Total paid: _____

REGISTRATION FEE: \$25.00

***Total cost for the 14 Week 1 x per week Session: \$280.00**