



Grow with Me Spring 2024 Registration Form

A. Personal and Family Information

Student Name: _____ DOB: _____ Gender: M F
Address: _____ City: _____ State: _____ Zip: _____
Parent/Guardian Name: _____

Email: _____ Cell Phone: _____

Parent/Guardian Name: _____

Email: _____ Cell Phone: _____

Who will attend the class with your child? _____

B. Class Schedule and Registration Fee

Mondays April. 15, April. 22, April. 29, & May 6

9:30-10:30 am

CLASSES ARE FREE WITH A ONE-TIME \$25 REGISTRATION FEE

Payment Method for \$25 registration fee (Check One):

_____ Zelle _____ Check (Made out to Community Nursery School)

Please turn to the next page

In signing this form, I understand that:

- My child is walking and no older than 30 months
- My child will wear grippy socks to class
- The one-time registration fee of \$25 is nonrefundable if I decide not to come to class
- Once I register, I will be provided with information about parking and instructions on how to enter the school building.
- A grown-up must stay with my child during the entire class time (9:30-10:30 am) and *Grow with Me* Classes at Community Nursery School are not a drop-off program.

I HAVE READ AND UNDERSTOOD THESE REQUIREMENTS AND INSTRUCTIONS

Adult Signature: _____

Date: _____

Photography Release and Required Signature (Please Sign One)

- I give permission and consent to the use of any photograph of my child's participation at the Community Nursery School *Grow with Me* Classes for any lawful purpose, without compensation on my behalf.

Adult Signature: _____

Date: _____

- I do not give permission and consent to the use of any photograph of my child's participation at the Community Nursery School *Grow with Me* Classes for any lawful purpose.

Adult Signature: _____

Date: _____