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ull Name Date of Birth		
Address		
City	State	Zip
Emergency Contact Information		
Emergency Contact Name		
Relationship	Phone Number	
Health Infomation		
Do your child have any existing medica injuries?	al conditions or _	
	cations?	
Please bring a change of clothes ar	nd a water bottle for yo	our Warrior. I will provide snack
The session will consist of a short the reading and a reading conter recognition, phonemic awarenes	nt lesson (compreher	
I hereby authorize Balanced Beging club activities and publish these documentation purposes. By paracknowledge and agree to this uppermission may be revoked in writing.	images on the club's ticipating in reading se of media without f	website for promotional and club activities, members financial compensation, and this
Payment Terms		
reoccuring option at this time. Payme If you are unable to attend a session, y notice. (subject to availability) Resche via email and not on the website. Refunds and rescheduling are not available.	nt in full is required for ou may reschedule to duling is limited to one ailable for no-shows.	s scheduled individually and does not have a reach session. the following month with at least 48 hours' e occurrence. Reschedule is done in writing Late pickups will incur a fee of \$5.00 for every nay result in the termination of services.

Date

Signature