



Registration Date: _____ Start Date: _____

Mindfulness and Meditation Registration Form Winter 2018

Child's Name: _____ Date of Birth: _____ Age: _____ Gender: M / F

Primary Address: _____ City/Zip: _____ Home Phone: _____

Parent/Guardian Name: _____ Email: _____ Cell #: _____

Emergency Contact Name: _____ Relationship: _____ Phone #: _____

CHILD INFORMATION

Please share the following information regarding your child (indicate N/A for those that do not apply)

Therapies: _____ Behavioral Concerns _____

Physical Disabilities: _____ Medical Conditions: _____
Other: _____

All Classes run from 6:15-7:15 PM

TUITION INFORMATION: \$15 per child per class. Payment due at the time of registration. For additional sibling \$12

Photo Release

I hereby give permission for my child to be photographed during the Well Beings Meditation Program. I understand the photos will be used to publicly promote 1 Gym 4 All and Well Beings of NJ. I understand the images may be used in online publications, websites, and social media. I also understand that no royalty fee or other compensation shall become payable to me by reason of such use.

Parent's/Guardian's Initials _____

1 Gym 4 All and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to accident or illness per physician orders.

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

By-the-month Option

Choose select classes for \$15 per child per class

Grades K-2 Classes:

Class 1: Feb. 8th

Class 2: Feb. 22nd

Class 3: March 8th

Class 4: March 22nd

Grades 3-6 Classes:

Class 1: Feb. 1st

Class 2: Feb. 15th

Class 3: March 1st

Class 4: March 15th

4 classes for \$40