



TLC Learning Center

611 Korte Parkway • Longmont CO 80501 • 303-776-7417 • www.LearningWithTLC.org

YogaKids Registration

Date Completed: _____ PLEASE COMPLETE & SUBMIT 4 DAYS PRIOR TO START DATE

Identification Information:

Name of Child: _____ Nickname: _____

Birthday: _____ Age: _____ Sex: _____

Address: _____ County: _____

Home Phone: _____ Cell Phone: _____

Responsible Party and Relationship to Child: _____

Email address(es): _____

Email will be our primary means of communication.

Emergency Contact During Class: _____ Phone: _____

Mother's Name: _____ Father's Name: _____

Medical and Personal Information:

Physician: _____ Phone: _____

Provide a diagnosis if any: _____

Is your child currently taking any medications? If so, please list all medications and side effects. _____

Physical/mental health/conditions or limitations: _____

Allergies or Special Diets: _____

Toilet Trained? yes no

Is your child up-to-date with their immunizations? yes no If no, we will ask you to sign a waiver.

Does your child have difficulty processing sensory information in any of the following areas?

Auditory _____ Tactile _____ Food/Oral _____ Visual _____

Movement _____ Smell _____

If yes, please explain: _____

YogaKids – Thursdays at 4:15-5:15 p.m.

- Return registration to skarmen@LearningWithTLC.org. Please call 303-776-7417 for more information and to register.
- 10-week classes are \$150 with a \$20 registration fee per child per school year. \$270 for 2 children in the same family.

For Office Use Only

Payment Information: Check _____ Cash _____ CC _____ Date: _____

Registration fee collected: yes _____ no _____ Date last received _____

Payment Information: Check _____ Cash _____ CC _____ Date: _____

Class fee collected: yes _____ no _____ Date last received _____