

Registration Form
For Sensory Integration Overviews

Name: _____ Day Phone: _____

Address: _____ Evening Phone: _____

City/State/Zip: _____

Please circle the classes you wish to attend. You are not required to attend them all but must attend them in order. You may pay for the classes one at a time (\$75/class) or in full. There are 4 classes total.

Table with 6 columns and 4 rows: Evening Classes. Rows include Beg Training, Sensory Diet, Engine, and Playroom with dates.

Adults attending (please give names and relationship to child) _____

(A flat rate of \$75 per class per "related family members" (sitters included) regardless of the number of attendees.)

Child's name, age, any formal diagnosis: _____

How did you hear about these Overviews? _____

Email Address: _____

Amount enclosed: _____ Number Attending: _____

\$75; \$150; \$225; \$250; \$300

Please make and mail checks to: Christy Kennedy, OTR/L, INC

Classes will be held at: 234 E. Parkwood Rd
Decatur, GA 30030