

Registration Form
For Sensory Processing Overviews

Name: _____ Day Phone: _____

Address: _____ Evening Phone: _____

City/State/Zip: _____

Please circle the series you wish to attend. You are not required to attend both classes within a series but must attend them in order. You may pay for the classes one at a time (\$75 per class per family) or pay \$140 for both classes. In an effort to help more children, up to 3 teachers may sign up together for the "family price"! One check, please, per group.

Evening Classes					
Beg Training	1/26	3/30	6/1	9/7	10/26
Sensory Diet	2/2	4/13	6/8	9/14	11/2

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

A flat rate of \$75 per class per "related family members" regardless of the # of attendees. Sitters may attend with the family.

Child's name, age, any formal diagnosis (optional): _____

How did you hear about these Overviews? _____ prior participant _____ online _____ other
_____ M.D. _____ Counselor /Therapist _____ teacher/school

Email Address: _____

Amount enclosed: _____ \$75 for 1st Class _____ \$140 for both classes

Number Attending: _____

Please make and mail checks to: **Christy Kennedy**
234 E. Parkwood Rd
Decatur, GA 30030

All classes are held at the above address in a residential neighborhood.