

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 \$130 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					
1ST CLASS	2/1	3/29	6/7	9/27	11/8
2ND CLASS	2/8	4/12	6/14	10/4	11/15

**Adults Attending:** (Please give names and relationship to child. If a teacher, please give name(s) and your school.)

A flat rate of \$75 per class per "related family members" regardless of the # of attendees. Sitters may attend with the family. Up to 3 teachers may come as a family. One check please.)

\_\_\_\_\_  
\_\_\_\_\_

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 per CLASS \_\_\_\_\_ \$130 when paying for both

Number Attending: \_\_\_\_\_

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

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