

Registration Form
For Sensory Processing Overviews

Name: _____ Day Phone: _____

Address: _____ Evening Phone: _____

City/State/Zip: _____

Email Address: _____

There are two classes per series. You are not required to attend both classes within the series but must attend them in order. You may pay for the classes one at a time. A discount is offered when paying for both classes together. There is no limit as to the number of related family members attending together. Sitters may attend as a family member now or at a later date. In order to help more children, up to 3 teachers may sign-up together for the family price. One check, please, per group. Adults attending for their own benefit are welcome.

Evening Classes 7 to 8:30 p.m.					
2 Class Series					
1ST CLASS	1/30	4/16	6/4	9/17	11/5
2ND CLASS	2/6	4/23	6/11	9/24	11/12

_____ # of Adults Attending

Please give your name and, if relevant, your relationship to the child. Teachers, please give your names along with your school. Sorry but this event is not suitable for children to attend.

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

Send Registration Form via: email to ckennedy@mindspring.com
or mail to 234 E. Parkwood Rd; Decatur, GA 30030

Amount enclosed: _____ \$75/ Family/Class _____ \$130/Family for both Classes

Send Payment via:

Zelle (thru your bank) with no service charge. Send to ckennedy@mindspring.com.
Mail to 234 E. Parkwood Rd; Decatur, GA 30030. Check payable to: Christy Kennedy
Oops! Too late to mail. Will need to bring payment when I come this week.

Classes are held at 234 E. Parkwood Rd; Decatur, Ga. 30030, a residential neighborhood

Please send in Registration Form and payment ahead of time.