

Registration Form
For Sensory Integration Overviews

2010

Name: _____ Day Phone: _____

Address: _____ Evening Phone: _____

City/State/Zip: _____

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

Day Time Classes

Beg Training	1/27	4/14	7/7	9/29
Sensory Diet	2/3	4/21	7/14	10/6
Engine	2/10	4/28	7/21	10/13
Playroom	2/17	n/a	7/28	10/20

Evening Classes

Beg Training	2/18	4/22	6/10	10/21
Sensory Diet	2/25	4/29	6/17	10/28
Engine	3/4	5/6	6/24	11/4
Playroom	3/11	5/13	n/a	11/11

People attending (please give names and relationship to child): _____

(A flat rate of \$75.00 per class is charged 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; \$300