

REGISTRATION FORM

Class you are registering for:

Child's name:

Age at time of class:

Parent's name:

Address:

Phone number:

Email address:

Circle One:

- Full payment enclosed

-or-

- **nonrefundable** \$50 deposit enclosed (balance due at beginning of class)

Please mail registration with check payable to:

Shulamit Kleinerman
10603 18th Ave SW
Seattle WA 98146

Thank you!