

SIGN UP TODAY!

Space is limited.

CHILD'S NAME _____

AGE _____

PARENT'S NAME _____

ADDRESS _____

CITY, STATE ZIP _____

PHONE _____

EMAIL _____

I would like to register
my child for the following:

Session 1

Session I, Fridays, June 3-24

\$100

Session 2

Session II, Fridays, July 8-20

\$100

Total Amount Enclosed:

Advanced payment is required.
Cash or check made payable to
Comprehensive Therapy Children's Center.