

**TOT CLASS - Time Out Together 2018-2019**



Date \_\_\_\_\_

Name of child \_\_\_\_\_  
First Middle Last

Birthday \_\_\_\_\_ Baptized? \_\_\_\_\_  
Month Day Year

Circle one! BOY GIRL

Address \_\_\_\_\_  
Street City Zip

Empty rectangular box for address details.

Phone number \_\_\_\_\_

What name do you want placed on child's name tag?

Mother's name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Church Membership \_\_\_\_\_

Father's name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Church Membership \_\_\_\_\_

In an emergency call \_\_\_\_\_

**(PLEASE PRINT CLEARLY)**

Child's Doctor \_\_\_\_\_

Email - \_\_\_\_\_

Name and ages of other children \_\_\_\_\_

Allergies \_\_\_\_\_

Fears \_\_\_\_\_ Pets \_\_\_\_\_

Please add any more helpful information concerning your child. \_\_\_\_\_

There are 3 sessions of TOT. Each session has 9 classes. Cost of each session - \$100

**Registration \$60** Please return this form with the one-time registration fee.

\_\_\_\_\_ **Tuesdays 9:15 - 10:15am** First name of adult attending with child \_\_\_\_\_

How did you hear about TOT Class? \_\_\_\_\_