



CLASS REGISTRATION FORM

SPRING 2010 • 10 Weeks: April 14th - June 19th, 2010

Nurturing Pathways, Inc
Classes held at:
 Phinney Ridge Neighborhood Center
 6532 Phinney Avenue North
 Seattle, WA 98103

Send Registration & Payment to:
 18429 12th Ave West
 Lynnwood, WA 98037
Phone 425-280-3805
info@nurturingpathways.com

① Step One: Family Information

Students Name:		Child's Birthday:
Sibling's Name:		Sibling's Birthday:
Parent's Name:		
Mailing Address:		Zip:
Email Address:		
Phone – Home:	Emergency Contact:	
Phone – Cell:	Emergency Phone:	
Caregiver Name if participating in class:		
If new student, how did you hear about us?		
Do you or your child have any special needs or allergies?		

② Step Two: Classes and Fees: Spring 2010 Please visit our website for a listing of class days and times

CLASS	WED, THUR, FRI or SAT	Class Name:
<input type="checkbox"/> Baby Class:	\$185	Day: _____ Time: _____
<input type="checkbox"/> Sibling Discount:	\$157	Class Name: _____
<input type="checkbox"/> Waddler Class:	\$185	Day: _____ Time: _____
<input type="checkbox"/> Sibling Discount:	\$157	<input type="checkbox"/> Annual Non-refundable Registration Fee: \$15.00
<input type="checkbox"/> Toddler Class:	\$195	<input type="checkbox"/> One Time Parent Pack Fee: \$35.00
<input type="checkbox"/> Sibling Discount:	\$166	TOTAL PAID: _____
<input type="checkbox"/> Wads & Tods Combo Class:	\$195	

③ Step Three: Payment and Policies

Check made payable to: **Nurturing Pathways** Visa MasterCard# _____

Exp. _____ Code _____

Liability Waiver

I agree to participation in the Nurturing Pathways®, Inc. Program for myself and my child(ren). I am aware that the activities of creative movement involve risks of injury and freely assume those risks for myself and my child(ren). I hereby release Nurturing Pathways®, Inc. from any legal liability and agree not sue its owners, officers, directors and employees for any and all injuries caused by participation in the class. I have read and understand the tuition, refund and missed class policies.

Signature:	Date:
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