



Dear Parent,

Thank you for enrolling in our program. We are deeply committed to providing a high quality, developmentally appropriate program for all of our students, children and adults alike. In order to do so it is important that we have basic information before the program begins, particularly the name of all students and the age of the children. Our program is developmentally based so it is important the children are in the correct class for their specific development. The information you provide allows us to know a little about your child and how to best plan for the age of the group.

We are excited to get to know you and your child. Please add any additional, helpful information at the end of the form. Thanks you for taking the time to help us get to know you and your child a little better.

As a reminder, all classes are held at the studio at 17 N. 4th Street unless otherwise noted. Saturday am classes are held at the Unity Center, inside Show Me Dharma, next to the playground. The address is 1600 W. Broadway.

Watch your email box for a note from us and from your child's teacher.

Namaste,
Susan Mathis, E-RYT 500, RCYT
Director, Yoga to Grow
Director, alleyCat Yoga

Registration Form

Child's Name _____ DOB _____

Child's Grade in School (if applicable) _____

Parent's Name _____

Cell Phone _____ Work Phone _____

Emergency Name & Phone _____

Email Address _____

In choosing to participate in yoga classes and all other activities at Yoga to Grow, I hereby agree to assume all risk of personal injury. I hereby hold harmless Yoga to Grow, alleyCat Yoga and its teachers, as well as Breathe, Laugh, Grow, LLC and its owners, from all liability for any injury or damage to myself and/or my child(ren) named above.

SIGNATURE _____

DATE _____

Health Information

Please list any special needs or developmental concerns:

Please list any health issues or concerns:

Is your child currently receiving medical care for any illness or condition?

Please list any food allergies:

Any other known allergies:

Photography Release Form

Please read and sign one of the statements below:

I agree that photographs, video or motion pictures or other recordings may be taken of my child(ren) and/or family members while in attendance of this class, and that said photographs, video, or motion pictures may be published in newspapers, magazines, television, publicity releases and/or other media at the discretion of the teacher.

Signature

Date

I do not want photographs of my child(ren), and/or family members to be published in newspapers, magazines, television, publicity releases and/or other media.

Signature

Date

Please List Additional Information Here:

Thank you! Please email this form to Susan@yogatogrow.com or mail it to Yoga to Grow, 4759 Lake Valley Lane before class begins.