

Ladies Time Out Registration Form

SESSION

(circle one)

Fall Winter Spring

YEAR _____

Monday Class (name of class) _____

Tuesday Class (name of class) _____

Name: _____ Email: _____

Ph/cell #: _____ I Agree to share my email with participants of the LTO Group (signature)

Fee Structure:

Fees to be paid:

MONDAY **\$40.00 Mon.:** "Creative Card Design" **or** "Conversational Spanish" **or** BYOT
\$60.00 Mon.: "Senior Women Yoga"
\$75.00 Mon.: "Fitness-Tune Up"

Monday \$ _____

TUESDAY **\$40.00 Tues.:** "Card Making" **or** BYOT
\$75.00 Tues.: "Yoga"
\$75.00 Tues.: "Intro to Pilates"

Tuesday \$ _____

Childcare Fee (only charged for those Ladies who require the need)
\$60.00 (\$60/1st child, \$50/2nd child, 30/3rd child)

Childcare 1st _____

PLEASE NO DROP IN CHILDREN

Child care is organized for those preregistered, please do not expect to drop off additional children occasionally as this effects our care ratio and the dynamics of the room, creating difficulties for the supervising attendant's.

2nd _____

3rd _____

Sickness: Out of courtesy and wellbeing of all participants please stay home if you, or your child is sick.

Payment Options: Cash, Debit, Cheque or Credit Card (visa / mastercard) due prior to session starting

All cheques should be made payable to FIRST LUTHERAN CHURCH

Refunds only permitted under the discretion of the LTO coordinator for unforeseen circumstances

TOTAL \$ _____

OFFICE USE : Cash amt. _____ Cheque # _____ Credit Card (circle one) Visa M/C

PAYMENT RECEIVED by _____ ENTERED REGISTRATION by _____

CHILDCARE NEEDS: Monday ___ Tuesday ___ (please check off day childcare required)

Child's Name:

AGE:

Allergies:

1. _____

2. _____

3. _____

If registering more than one child please specify who the special instruction pertains to ie Child #1 uses soother

Special instructions: _____
