

Wondernation Enrichment Studio Registration & Class Request Form

3625 N. Sepulveda Blvd, Manhattan Beach, CA 90266

Phone: 310-545-4550 — Fax: 310-545-4556

Email: studiomanager@wondernation.com

Ways to Register: Walk in, Fax, Mail, Email

MBO

Client Information

Participant's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Parent #1 \_\_\_\_\_ Parent #2 \_\_\_\_\_ Caretaker's Name \_\_\_\_\_

Participant's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

If registering for Prenatal Yoga, please list expected due date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

How did you hear about Wondernation?  BabyZone  Kids Directory  Moms Group  Internet  Parks & Recreation
 South Bay Monthly  What's Up for Kids  The Daisy Chain  LA Parent
 Other: \_\_\_\_\_  Friend: \_\_\_\_\_

Is your child enrolled in Pre-School or Day Care? Yes  No

If yes, name: \_\_\_\_\_

Enrollment Type:  Unlimited (auto-pay) \$\_\_\_\_\_ per mo.  6 month Unlimited (auto-pay) \$\_\_\_\_\_ per 6 months

Individual class (auto-pay) \$\_\_\_\_\_ per mo.  6 month Individual class (auto-pay) \$\_\_\_\_\_ per 6 months

\* \$25.00 initiation fee for all new members\*

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Method of Payment:  Cash  Check  Visa  MasterCard

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_

- All instructors, activity dates and fees are subject to change.
• Full payment is required at time of registration. Checks should be made payable to Wondernation Enrichment Studio; there is a \$20.00 charge for returned checks
• Cancellations: Wondernation Enrichment Studio reserves the right to cancel classes due to low enrollment or unforeseen, uncontrollable circumstances. Every attempt will be made to reach you to inform you of cancellation.

RELEASE OF LIABILITY. SIGNATURE OF PARENT REQUIRED. I declare myself and/or my child to be physically sound and suffering from no condition, impairment, disease, infirmity or other illnesses that may prevent participation in programs or that could endanger their own well being or the well being of others in the program. Each certifies that he/she/they have consulted with a physician and determined that participation does not jeopardize his/her/their health.

I hereby agree to fully accept any and all risk of injury, illness or death that may result from my or my child's participation in the program(s) and hereby fully release Positive Expectations, Inc. DBA Wondernation Enrichment Studio from any and all liabilities or damages for claims I or my child may have relating to the program(s). I have carefully read this agreement and fully understand that it contains a complete release of liability in favor of Positive Expectations Inc. DBA Wondernation Enrichment Studio.

I understand that photographs and/or video maybe taken during classes for promotional purposes including website, brochures and publicity.

If I choose to pay by credit card, my signature below may be used to authorize such payment. By selecting the auto-pay feature I agree to have my credit card billed on a monthly basis.

Legal Guardian / Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Email to: studiomanager@wondernation.com or Fax to: 310-545-4556