



Monarch Center for Autism

Parent/Child Movement & Exploration

Registration Form—Parent/Child Movement & Exploration

Name(s) of Participant(s): _____

Date of Birth: _____

Current Age: _____

Current School Grade: _____

Current School: _____

School District: _____

Parents' Names: _____

Primary Address:

Street Address

City, State and ZIP Code

Home Phone Number: _____

Email Address: _____

Mom's Cell: _____ Dad's Cell: _____

Payment (Credit Card or Check) – Parent/Child Movement & Exploration

Payment of \$75 (for 4 sessions: Saturdays – May 4, 11, 18 and June 1) may be submitted by credit card (see below) or by check made payable to Monarch School.

By filling out the information below, I authorize Monarch School to charge the account listed below:

Type of Card: MC Visa

Name as it appears on the card: _____

Card Number:

Expiration Date:

Signature:

Today's Date: _____

Please complete this registration form by May 1, 2013 and email it to: hessk@bellefairejcb.org
or mail it to: Karin Hess-Hopkins, Monarch School, 22001 Fairmount Boulevard, Shaker Heights, Ohio 44118

For more information, please call Karin at 216.320.8658.

Note: Enrollment will be confirmed via telephone. Minimum enrollment is required.