



Play & Learn Sensory Class Registration Form

Child's Name: _____ DOB: _____ Age: _____

Parent/Guardians' Name(s): _____

Phone(s): _____

Email: _____

Address: _____

CLASSES:

X	Please place an (X) next to the appropriate class/camp.
	East Cobb LITTLE MOVERS CLASS (Ages 3 Months - 18 Months) Mondays, Sept 11, 18, 25, October 2, 9, 16; 9:00-10:00 a.m.-----\$180
	East Cobb DISCOVERING TOTS CLASS (Ages 19 Months - 36 Months) Mondays, Sept 11, 18, 25, October 2, 9, 16; 10:15-11:15 a.m.-----\$180

Please send this "Registration Form" and "Consent for Class Participation" to:

Building Blocks Pediatrics
 1230 Johnson Ferry Place, Suite G-10
 Marietta, GA 30068

770-321-6705

office@buildingblockspediatric.com

Please call our office at 770-321-6705 and/or mail full class payment to our office.

Deposit and Registration/Consent forms must be received in order to guarantee registration.

CALL 770-321-6705 or email office@buildingblockspediatric.com WITH ANY QUESTIONS!



Consent for **CAMP/CLASS** Participation

I _____, legal guardian of _____, hereby give consent for my child (named above) to participate in Building Blocks Pediatrics, LLC's programs. I agree to release, hold harmless and waive all claims and causes of action that may hereafter accrue to me against Building Blocks Pediatrics, LLC, and any of their officers, directors, employees, agents, independent contractors, representatives, or volunteers associated with any injury that may be caused as a result of any action other than the sole negligence of Building Blocks Pediatrics, LLC, their officers, directors, employees, agents, independent contractors, representatives, or volunteers. I further agree to indemnify and hold harmless Building Blocks Pediatrics, LLC, and any of their officers, directors, employees, agents, representatives, or volunteers, from any action or inaction of my child that may cause any injury or damage whatsoever. I hereby give full permission for my child to participate in all activities and agree to notify group leaders of any precautionary measures that should be noted or taken during group classes/camps.

I agree to pay the total class fees. I also agree to pay any additional fees that may result from a returned or invalid check, etc. I understand that I may forfeit any moneys paid, if my child does not attend his/her sessions.

I understand that the camp/class(es) in which my child is enrolled will last for a certain duration of time. I agree that I will be present to pick my child up at least 5 minutes prior to camp/class(es) ending.

I recognize that these camps/classes are community-based, and fully understand that my child will NOT be receiving traditional therapy services, even if the class leader is a therapist. I understand that these classes should not replace any traditional therapy that my child receives.

In the event of any injury to my child, I hereby grant full power of attorney to Building Blocks Pediatrics, LLC, their officers, directors, employees, agents, independent contractors, representatives, or volunteers to obtain any emergency medical treatment they (in their sole discretion) deem necessary in the best interest of my child.

Please list any precautions, allergies or special notes regarding your child below:

Emergency Contact Name: _____
 Phone Number: _____
 Relationship to child: _____

Child's Name (print)

Legal Parent/Guardian (print)

Legal Parent/Guardian (signature)

Date

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