

The Magic Acorn Registration Form

Child's Full Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Additional Children Attending \_\_\_\_\_ DOB \_\_\_\_\_

Additional Children Attending \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Person attending class with child

Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Address \_\_\_\_\_

Best Email \_\_\_\_\_

Phone Numbers (H) \_\_\_\_\_ (C) \_\_\_\_\_

Does Your Child Have Any Allergy or Health Concerns That We Should Aware Of \_\_\_\_\_

Choice of days: Mon. \_\_\_\_\_ AM \_\_\_\_\_ PM Tues. \_\_\_\_\_ AM \_\_\_\_\_ PM Wed. \_\_\_\_\_ AM \_\_\_\_\_ PM

Thurs. \_\_\_\_\_ AM \_\_\_\_\_ PM Fri. \_\_\_\_\_ AM \_\_\_\_\_ PM Please enter 1<sup>st</sup> and 2<sup>nd</sup> choice.

**\$325.00 Fee for 10 week sessions. Registration taken on first come basis, spaces limited.**

**Non refundable additional \$25.00 Registration Fee one per family.**

**Non refundable additional \$25.00 Material Fee**

**Babies in arms free (0-6 months)**

**30% sibling discount: 1st child \$325.00, 2nd child \$227.50, for same session**

Please make checks payable to The Magic Acorn  
108 Plymouth Ave.  
Maplewood, NJ 07040

**WAIVER**

I/We, the parents, do hereby give my/our approval to participate in any and all the activities. We do assume all risks and hazards incidental to the conduct of activities and transportation to and from activities, and do further release, absolve and hold harmless "The Magic Acorn Program" and the organizers, any or all of them. In case of injury to my/our child, I/We hereby waive all claims against the organizers.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Publicity Photo's for The Magic Acorn (names will NOT be used)

Please circle: I WILL allow or I WILL NOT allow

My child's photograph to be used for The Magic Acorn publicity in print & /or website.