

YOGA SHALA KIDS & TEENS CLASS REGISTRATION FORM



DATE: _____

Parent's Name: _____

Address: _____

City, State, Zip: _____

Home phone: _____ Cell phone: _____

Work phone: _____ E-mail: _____

CHILD'S NAME: _____ AGE: _____

**PLEASE FILL OUT ON FORM THE FOLLOWING CLASS REGISTRATION
INFORMATION FOR YOUR CHILD:**

THE NAME of the CLASS: _____

THE SESSION: _____

THE DATE OF THE SESSION: _____

THE PAYMENT AMOUNT: \$ _____ (we accept cash, checks, Visa & MasterCard)

Please mail or drop-off Registration Form with Payment to:

Yoga Shala Kids & Teens, NFP
506 Spring Road
Elmhurst, IL 60126
www.yogashalakids.org 630-993-9642