



Special Programs Registration

Permission:

I agree for my child, _____,

to participate in _____.

Dates: _____ through _____ for _____ sessions.

Date of Birth _____ Age _____

School Attended _____ Grade entering Fall 2009 _____

Allergies:

Please list any allergies your child may have (foods, medicines, environment)

Rates:

A \$50.00 deposit will hold a slot for my child in the group. I understand that the balance, \$ _____ is due before my child may begin participation in the group.
(Fees will not be filed with insurance)

Parent/Legal Guardian Signature

Responsible Party Name and Home Phone Number/Cell Number

Responsible Party Address

Melanie Carr, Business Office Coordinator

Date

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