



Parent/Caregiver Name: _____

Child's Name: _____ Child's Birthday: _____

Email Address: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work/Mobil Phone: _____ Fax Number: _____

Emergency Contact Name and Phone Number: _____

I'd like to register for the following class (see website for current classes, fees, dates, and times):

NOTE: To register for classes at SmartMomma please contact them directly for registration information.

Fee written below is for one mom/dad/child combo and includes materials. Each additional adult for SLBBI: Add +\$30 (No extra charge for twins). You may pre-order products with the in-class discount, contact Jessica for available products.

ثفا Parent's Workshop Level I (\$75) - Date and Time: _____

ثفا Sign Language for Budding Babies I (Beginner Class \$99) – Date and Time: _____

ثفا Sign Language for Budding Babies II (Advanced Class \$99)- Date and Time: _____

ثفا Sing and Sign Playtime (Beginner Class \$55) – Date and Time: _____

ثفا Drop-in Playtime (\$12 per class, \$60 for all 6 classes, \$8 for previous class attendees) – Date & Time: _____

ثفا Personal Instruction (\$60 per hour) - Date and Time (decided with instructor): _____

I heard about Signs of Learning from:

ثفا Sign2Me Website ثفا Le Leche League Brochure ثفا Carolina Parent;

ثفا Online Search ثفا A Friend: _____ ثفا Other: _____

May I contact you to tell you about future Sings of Learning classes or playgroups?

ثفا Yes! Please include me on your email list.

ثفا I don't have email, please include me on your post office mailing list.

ثفا No, Thank You!

ثفا My registration fee of \$_____ is enclosed (this includes extra adults, and products). I understand that the full amount or a deposit of ½ the total is due one week prior to class and the remaining balance is due at the first class. I also understand that my spot cannot be held until this registration is received.

Please make checks payable to Signs of Learning and send to:
Signs of Learning 8004 Crooked Chute Court, Raleigh, NC 27612

ثفا I understand Signs of Learning's policies and procedures described on the back of this form:

Signs of Learning Policies and Procedures

Pre-registration and pre-payment are required for all classes. (Payment plans can be negotiated with Jessica Kelly if money is a concern.) Class sizes are limited and fill up quickly. We cannot hold your spot without receiving registration and payment.

Cancellation and Refunds

You must give at least 48 hours notice of cancellation. Materials for classes are ordered in advance and a spot has been held for you in class.

- Withdrawal 48 hours before 1st class = 100% refund
- Withdrawal after 1st class = 50% refund
- Withdrawal after 2nd class = 0% refund

Exceptions may be made at the discretion of Jessica Kelly.

You may be eligible for credit towards other classes.

Missed Classes

You will be given any missed materials upon your return to class. You are more than welcome to come early or stay late after class to go over missed materials. You may also make up any classes that have been missed during the next Signs of Learning six-week session. Dates for this will be provided to you upon request. Please discuss this with the instructor. A processing fee will be charged for more than 3 make ups.

Book/Product Orders

All book/product orders must be paid in full upon receipt.

Extra Participants

The, add an adult for an extra \$30 policy does not apply to another “parent & baby combo”. It is for an extra adult (grandparent, nanny, etc.) brought to class with the already paid participants. For personal instruction - other caregivers, i.e. grandparents, nannies are welcome at no extra charge. This does not include children or parents from other families. A fee will be charged for these additions.

*Once you have read and agreed to all of the above policies please sign and date below.

Thank you for your business, I look forward to signing with you soon!

Signature

Date

PERMISSION TO PHOTOGRAPH YOU AND/OR YOUR CHILD

Participants Names (please print): _____

I, _____, (circle one) GIVE or DO NOT GIVE

Signs of Learning permission to photograph my child, _____ while attending a Signs of Learning class or event.

I further grant Signs of Learning permission to use my child’s photograph for class purposes, including but not limited to promotions, presentations, & advertising purposes. Please make comments if you wish

YES _____ NO _____

Signature of Parent/Guardian Date