



## WELLNESS FOR KIDS AFTER SCHOOL PROGRAM REGISTRATION

Name of student: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Parent or Guardian Name(s): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any known allergies: \_\_\_\_\_

Please list the names of people, other than yourself, authorized to pick up your child from Wellness For Kids. If you need to add or remove someone from the list, please contact the instructor (Lissette Howell) by phone (973) 975-7343 or email at: [lissette@coachingbeyondnutrition.com](mailto:lissette@coachingbeyondnutrition.com).

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **Terms of Enrollment**

1. No refunds or credits will be issued for withdrawals from the program.
2. There are no refunds or credit due to illness, absence, or emergency closing. A make up class is at the discretion of the instructor.
3. All payments are due at time of enrollment and before the first day of class. Please make check payable to BEYOND NUTRITION, LLC in the amount of \$150, the program fee.
4. I agree to pickup my child promptly at time of dismissal 4:45pm
5. I have read and signed the BEYOND NUTRITION liability and photo release statements. Please return these forms along with your registration and payment to:  
Beyond Nutrition, LLC (c/o) Lissette Howell / 4 Walnut Hill Drive / Chester NJ 07930

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_