

Little Yogis Registration Form

8 Week Program, Tuesdays 2:30–3:00 PM
January 7 – February 25

Basic Information

Child's Name

Date of Birth

Phone Number

Email

Address

Medical Conditions/ Allergies

I hereby give consent to Happy Hearts Yoga LLC for my child to participate in this program. I hereby release and discharge Happy Hearts Yoga, the childcare facility, and their members from all actions, claims, demands, injury, or damage resulting from my child's participation in this activity.

Parent Signature

Date :

For any questions please contact Jessica, Happy Hearts Yoga LLC, at violandjessica@gmail.com