

Class Registration Form

Date: _____

Name of Student: _____

Student's Date of Birth _____

Class Description: _____

Class Day and Time _____

Parent/Guardian's Name _____

Address: _____

_____ Zip _____

Phone number(s) _____

Emergency Contact Info: _____

Does the student have any allergies or other medical conditions we need to be aware of? _____

Playtime is included for the student for 30 minutes before class and 1 hour after class. Sibling playtime is also included before, during, and after class.

Siblings names and birthdays: _____

We accept check, cash or Visa/MasterCard.

You can give us a card # over the phone to reserve your spot.

Please return completed form to Dinosaur Playground—4910 Tamiami Tr N Ste 301—Naples 34103

Email: dinosaurplayground@gmail.com

(239) 430—PLAY (7529)