



Registration Form

Class location _____

Day of Week: Mon. Tues. Wed. Th. Fri. Time _____

Student's Name: _____

Age: _____ Date of Birth: _____

School: _____

Parent/Guardian Name: _____

Emergency Contact & Phone #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Any food allergies? _____

What do you most hope for your child to gain from the Molly Manners Program?
