



REGISTRATION FORM
Session September 13th – November 19th

Please complete and fax to 323.664-4450 or email completed form to info@lalaling.com.
We accept Visa/MasterCard/American Express and checks.

With class sizes limited, we recommend that you reserve your spot early.

Session Dates:

Class Name:

Class Time:

Do you have a preferred day & time suggestions?

Name of Participant:

Age:

Grade:

School:

Birthday:

Mother's Name:

Father's Name:

Address: (including city, zip)

Home Phone:

Office Phone:

Cell Phone:

Email Address:

My child may be released to the following people

Name:

Tel. #:

Name:

Tel. #:

Any relevant medical information: (allergies, regular medications, etc.)

Pediatrician's Name:

Name:

Tel #:

Payment Method:

Credit Card:

Check:

Credit Card #:

Check #:

Card Holder Name:

Check #:

Exp. Date:

Billing Address:

How did you here about La La Ling?

La La Ling is committed to providing a safe and secure environment for all children. In the event of injury or illness, La La Ling will make every effort to contact me, but if such contact is not forthcoming, La La Ling staff will be compelled to use their best judgment with regards to the health and safety of my child. Any such treatment or care shall be rendered at my expense. I hereby indemnify La La Ling and any administrator or employee from any liability because of the exercise of such consent.

Makeup classes: We allow one makeup class per session provided we get notice of an absence the night prior to the scheduled class.

Signature of Parent or Guardian:

Date: