## Heart to Heart – WY Spring Program Registration

Client's Name:		
Parent/Guardian Name:		
Address:		
<u>City:</u>	State:	Zip:
Cell Phone:	Home Phone:	
Email Address:		

## **Programs Registering For:**

- Art & Games Program: Every Monday, February 27<sup>th</sup> to May 29<sup>th</sup> from 3:00pm 5:00pm
- **C** Cooking & Baking: Every Thursday starting March 2<sup>nd</sup> to June 1<sup>st</sup> from 5:00pm-7:00pm

## **Ride Accommodations:**

- □ My Child has a ride to and from each program
- □ My Child needs to be picked up and dropped off
- My Child needs to be picked up
- □ My Child needs to be dropped off

I'd like someone to connect with my kid weekly for a med check.	🗖 YES	🗖 NO
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Parent Signature:	Date:

I have read, filled out, and understand the Youth Personal Data, Consent to Attend Program and to Treat if Necessary.



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