



Registration Form

Please fill out and mail this form with enclosed payment to:

Your Baby Can Sign
1419 Lafayette Street
Mandeville, Louisiana 70448

Child(ren)'s Name(s)/Birthday(s): _____

Parents' Names: _____

Address: _____ Phone (H): _____

City, State, Zip: _____ Phone (C): _____

Email Address: _____

Please check schedule to make sure the class you choose is age appropriate for your child!

Session (circle one): Summer 2008 Fall 2008/2009 Winter/Spring 2009

Day (circle one): Mon Tue Wed Thu Fri

Time (circle one): 9:00 am 10:00 am 11:00 am

Where did you learn about us? _____

I understand that Your Baby Can Sign is a parent/child program and that I am responsible for my child's safety while attending the program.

Signature _____ Date _____

Payment is due upon registration. Please make checks payable to **Rebekah McNary**.