

Registration Form

Student's Name: _____

Email: _____ Age: _____

Address: _____

Home Phone: _____

Parent's Name: _____

Work or Cell Phone: _____

What kind of food allergies, if any, does your child have?

I give my child _____ permission to participate in the Living At Peace, RCB Kids Class and all related activities. In the event of an emergency, I give permission to obtain medical treatment for my child in the event I am not reachable.

Emergency Contact: Name

Phone:

Parent's Signature :

Date:

This workshop is for children ages 6-12

Please preregister to reserve your spot!

Please detach above and return detached portion with payment to:
Living At Peace, LLC • 10 Jennings Ct • Hillsborough, NJ 08844

Living At Peace, LLC

When: July 7th, 8th, 9th, 11th, 2008 (4 sessions)

Where: 32 Worlds Fair Dr. Somerset, NJ 08873

Time: 10AM—12PM

Cost: \$200.00 per child/\$175 for each additional sibling

If you have any questions or concerns regarding the Living At Peace workshop for children please contact: Mrs. Sharon Silverstein at 908-431-9904 or email at: sharon@livingatpeace.com