

**Registration Form 2017-2018**

Client name \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact phone \_\_\_\_\_

Contact email address \_\_\_\_\_

**Registration 1**

\_\_\_\_\_  
**Therapist/Instructor** **Start time**

**Discipline**  
 Art    Dance    Music    Recreation    Yoga    Hockey    Bowling

**Type**  
 Private    Semi-private    Group   Group name

**Day**  
 M    T    W    Th    F    S

**Length**  
 30 minutes    45 minutes    1 hour

**Registration 2**

\_\_\_\_\_  
**Therapist/Instructor** **Start time**

**Discipline**  
 Art    Dance    Music    Recreation    Yoga    Hockey    Bowling

**Type**  
 Private    Semi-private    Group   Group name

**Day**  
 M    T    W    Th    F    S

**Length**  
 30 minutes    45 minutes    1 hour

**Registration 3**

\_\_\_\_\_  
**Therapist/Instructor** **Start time**

**Discipline**  
 Art    Dance    Music    Recreation    Yoga    Hockey    Bowling

**Type**  
 Private    Semi-private    Group   Group name

**Day**  
 M    T    W    Th    F    S

**Length**  
 30 minutes    45 minutes    1 hour

**REMINDER:** A parent or responsible adult is to remain at the site at which a child or an adult is being served or at FAR Staff discretion.