

**Registration /Health History Form for Yoga Camp for Kids
(Ages 4-12)**

Name _____ Age _____ Date ___/___/___

D.O.B.: ___/___/___

Address _____ City _____ State _____ Zip _____

Mother's
Name _____ Cell: _____ work: _____

Father's
Name _____ Cell: _____ work: _____

Emergency Contact Person (other than parent): _____

Individuals authorized for child pick-up: _____

(Show of I.D. will required when picking up children.)

Insurance Information:

Name of Insurance _____ Policy #: _____

Doctor's Name: _____ Phone: _____

Does your child take any medications? _____ If yes, please
explain: _____

Does your child have any allergies? _____ If yes, please
explain: _____

Does your child have any food sensitivities/allergies? _____ If yes,
please list _____

Registration Form (con't)

Please check the week your child will be attending: (Please fill out another registration form if more than one child will be in attendance.)

- June 27th-July 1st 2011 (1/2 day program: \$300 tuition- 2nd child \$275, 3rd child \$250) Lewiston site
- July 11th-July 15th 2011 (Full day program: \$400 tuition- 2nd child \$375, 3rd child \$350) Brunswick site

(A non-refundable deposit of \$100, deducted from camp total, is required to hold a space for your child. Camp balance is due by May 27, 2011.

Payment plans are available.)

\$_____ Enclosed for registration.

Please make checks payable to:

The Healing Tide
and mail with registration to:
Heidi L. Hayes-Audet, RYT
125 Rosedale St. #3
Lewiston, Maine 04240