



Class Registration Form

Class Name:	
Class Start Date:	
Child Name:	
Child's Age:	
Parent Name:	
Address:	
Phone:	
Best Time to Reach You:	
Email:	
Registration Date:	
Class Fee:	

Payment Method: Cash Check Credit Card

Card #: _____ CVI#: _____ Amount: \$ _____

Expiration Date: _____ Signature _____

Return to:
South Jersey Kids Connection
Sharon Rashbaum
50 Queen Ann Court
Marlton, NJ 08053

E-Mail: Sharon@SouthJerseyKidsConnection.com OR FAX: 856-797-5713