



## Parent-Infant Community Class

*Birth to Crawling*

*Fridays, 9-10:30am*

**Registration for:**

*Fall Session*       *Winter Session*       *Spring Session*       *Summer Session*

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*Child's Full Name:* \_\_\_\_\_ *Preferred Name (nickname)* \_\_\_\_\_

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*Date of Birth* \_\_\_\_\_ *Child's Age (in months) at start of class* \_\_\_\_\_ *Male / Female* \_\_\_\_\_

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*Parent(s) Name: First & Last* \_\_\_\_\_ *Who will be attending class?* \_\_\_\_\_ *Email* \_\_\_\_\_

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*Primary Address (Mailing Address)* \_\_\_\_\_ *City / State / Zip* \_\_\_\_\_ *Phone* \_\_\_\_\_

***Tell us a little bit about your child:***

***What topics are you interested in discussing or learning more about?***

***Were there any unusual circumstances in your child's birth or life we should be aware of?***

***Please share any other information you feel will best support you and your infant while in this class?***

To complete the registration for our Parent Infant Community Class, mail or deliver this registration form with a check payable to *Cathedral Hill Montessori School* before the first class of the session. The cost is **\$145** per session. Space is limited to 6 parent-infant groups, please call ahead for availability, 651-222-1555.

**Authorizations:**

- I authorize photos to be taken of me and my child while we attend this class. I understand that photos may be used in the school newsletter (for current parents only), on the CHMS Facebook page, school brochures and news releases. *Children's names will not be used in any social and public forum.*
- Add our contact information to the Parent-Infant Class directory for this season of classes.
- Please me a copy of the Wednesday Weekly (school e-newsletter) during the time we are in this class.

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Parent Signature

date