



Registration Form Wellness Groups

Today's Date: _____

Child Name _____

Age _____ Grade in School _____

Parent Email _____

Parent Name _____

Phone Number _____

Scan OR code to Pay for Group or pay at paypal.me/littlehandspromise



Payment for sessions required prior to first day of class to reserve spot. Email completed form to info@littlehandsagency.com after payment is made.

Summer Wellness Groups Session \$50 each session, Sessions meet three weeks consecutively

Session 1- July 7-25

Session 2- July 28-August 15

_____ Thursdays 5:00 pm Ages 3-5

_____ Thursdays 5:00 pm Ages 3-5

_____ Wednesdays 5:45 pm Middle School

_____ Wednesdays 5:45 pm Middle School

_____ Wednesdays 5:00 pm Ages 6-8

_____ Wednesdays 5:00 pm Ages 6-8

_____ Wednesdays 5:45 pm Ages 3-5

_____ Wednesdays 5:45 pm Ages 3-5

_____ Mondays 5:00 pm Ages 9-10

_____ Mondays 5:00 pm Ages 9-10

_____ Thursdays 5:45 pm Ages 9-10

_____ Thursdays 5:45 pm Ages 9-10