



## OTB CENTER STUDENT INFORMATION FORM

Class Location: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Baby/Child's Name: \_\_\_\_\_ Child's Birthday: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-Mail: \_\_\_\_\_

Twins: **Y/N**

*Please be aware we do not offer refunds. There are no exceptions.*

Please notify us if your child has an allergy, medical condition, or any type of emotional, mental or physical restriction that may prohibit them from participating in class.

I give my permission to "Outside the Box" to use photos/video of my baby during classes for

Marketing/promotional uses (Facebook).

\_\_\_\_\_ Please initial

I have received the OTB Center Policy and Procedures:

\_\_\_\_\_ Please initial