

**TINY TOTS THERAPY, Inc**  
**GROUP REGISTRATION FORM:**

Child's name	
DOB/Age	
Diagnosis (if any)	
Precautions/allergies	
School/Grade	
Parent name	
Address	
Phone: Cell: Home:	
Email:	
Group: (complete separate forms for each group)	<input type="checkbox"/> Superhero <input type="checkbox"/> Yoga Buds <input type="checkbox"/> I Can Write <input type="checkbox"/> Sports Skills

What skills do you hope to have your child improve?(be specific)

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**Make Payment by mailing check & form**  
**Make check payable to Tinytotstherapy.**

I  agree/ do not agree for my child to be photographed during TTT groups/activities; to be used for TTTinc publicity, website & educational purposes only.

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