



## LanguageLunch Kids 2008 Registration Form

Name: \_\_\_\_\_

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

\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name and Phone Number of Caregiver (other than parent): \_\_\_\_\_

\_\_\_\_\_

Allergies and conditions (if any): \_\_\_\_\_

Class Schedule (language, level, days and times): \_\_\_\_\_

\_\_\_\_\_

Parents Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Send your completed form, together with your check or money order, to  
LanguageLunch, 256 Broadway, Suite A-13 - New York, NY 10013*

*Please read our policies and procedures. Your signature on this form acknowledges that you agree to these terms.*