

CREATIVE HOMEMAKING FOR LITTLE HOMEMAKERS WORKSHOP

REGISTRATION FORM

REGISTRANT INFORMATION

PARTICIPANT'S NAME _____

AGE _____

GUARDIAN'S
NAME _____

ADDRESS _____

PHONE NUMBER _____

EMAIL _____

EMERGENCY CONTACT'S NAME & PHONE NUMBER

MEDICAL INFORMATION

There will be a picnic at the end of the day that your child/children will participate in organizing. Your child's safety is important. Please list an allergies or medical conditions that should be known.

ALLERGIES OR MEDICAL CONDITION

DOCTOR'S NAME & NUMBER IN CASE OF EMERGENCY
(OPTIONAL) _____

FORM OF PAYMENT

- Check
- Cash
- PayPal (Contact Chere Williams for invoice)

PARENTS SIGNATURE & DATE

Prior to the workshop, please email the registration form to cherewill72@aol.com or mail it to:

Chere Williams
8314 Haddon Drive
Takoma Park, MD 20912

If you have any questions, please call 202-281-9317. Please note, payment is required by the day of the workshop. *Thank you for your participation in Creative Little Homemakers!*