



Finding Faith



REGISTRATION INFORMATION

NAME:	MALE ___ FEMALE ___:
STREET ADDRESS:	DATE OF BIRTH :
CITY/STATE/ZIP:	GRADE :
DIAGNOSISES & MEDICAL CONDITIONS (list medications):	

PARENT OR GUARDIAN INFORMATION

MOTHER'S NAME	FATHER'S NAME
ADDRESS: IF DIFFERENT FROM CHILD LIST BELOW	ADDRESS: IF DIFFERENT FROM CHILD LIST BELOW
STREET ADDRESS:	STREET ADDRESS:
CITY/STATE/ZIP	CITY/STATE/ZIP
HOME PHONE:	HOME PHONE:
WORK PHONE:	WORK PHONE:
CELL PHONE:	CELL PHONE:
EMAIL ADDRESS:	EMAIL ADDRESS:
MAIN CONTACT PERSON	
___MOTHER ___ FATHER ___ EITHER	
Best way to get a hold of main contact? ___ HM ___ WK PHONE ___ CELL ___ EMAIL	

SESSION INFORMATION

PLEASE CHECK THE SESSION(S) IN WHICH YOU WANT TO REGISTER FOR:
 ___ Individual Session, \$35 per 1-hour session ___ 4 Session Package, \$30 per 1-hour session,\$120.00

REGISTRATION

Register by contacting Kim Waite at 585-261-1997 or kwaite22@gmail.com or by mailing this form
 Mail to: Freedom Farm, 3601 S. 142nd St, Bonner Springs KS 66012