

**Handwriting Without Tears  
Registration Form  
October-December 2023**

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_

**CARPOOL NUMBER:** \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact name and number(s): \_\_\_\_\_

\_\_\_\_\_

List any allergies or special needs: \_\_\_\_\_

\_\_\_\_\_

Total amount enclosed: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_