



THE SENSORY MOTOR GYM

## Registration Form

To Register:

Complete this registration form and mail to:

FunSense LLC, PO Box 3106, Princeton, NJ 08543 or email to [info@funsensegym.com](mailto:info@funsensegym.com)

We'd also love to meet you. Feel free to register in person at the gym.

Child's First Name:	Child's Last Name:
Child's Current Age:    yrs.    mo.	Child's Birth Date:
Parent's First Name:	Parent's Last Name:
Address:	City:
State:	Zip:
Email Address:	Date:
Work Phone Number:	Day Phone Number
Emergency Phone Number:	Evening/Home Number:
Emergency Contact:	Cell Phone Number:
Allergies or medical issues of which the therapist should be aware:	Activities of Interest:
Preferred Activity	Preferred Day/Time:

To be registered in an activity, all membership dues are to be paid in full unless other arrangements have been made with FunSense LLC. You will be contacted after we receive your registration to confirm the availability of the activities.