



SUN Group Registration Form

Date of Group _____

Child's Name _____

Date of Birth _____ Age _____

Dietary Constraints* _____

Parent/Guardian's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number(s) _____

Email address _____

Emergency Contact _____

Emergency Number _____

*Snacks will be provided. Please indicate if student is diabetic, has food allergies, etc.

Registration Fees Per Group Session

Per Child	\$15.00
Each additional child	\$10.00
Group Pass (all 10 groups)	\$100.00

Save money and pay only \$10 per child if you buy 10 sessions. That's a savings of \$50!

Please check the group(s) your child will be attending.

	Children		Teens
May 3	_____	May 10	_____
May 17	_____	May 24	_____
May 31	_____	June 7	_____
June 14	_____	June 21	_____
June 28	_____	July 12	_____
July 19	_____	July 26	_____
August 2	_____	August 9	_____
August 16	_____	August 23	_____
August 30	_____	September 6	_____
October 4	_____	October 11	_____
Group Pass	_____	Group Pass	_____

Registration and General Information

Make checks payable to Erin Hamilton, MSW. Visa and Mastercard are also accepted.

Visa or Mastercard (circle one)

Total Payment _____

Credit Card Number _____

Expiration Date _____

Name as it appears on the card _____

Authorized Signature _____

CONTACT

Erin Hamilton, MSW
 6450 West 10th Street Suite 7
 Indianapolis, IN 46214
 317.403.5053
erin@designingmylife.com