



2011 Membership Form

Please bring or mail to:
166 Albany Turnpike
Canton, CT 06019
860-352-5504
www.thelittlegreentambourine.com

Registration Date: ____/____/____ How did you hear about us? _____

Parent/Guardian Name: Last _____ First _____

Address: _____ City _____ Zip Code _____

Home Phone: _____ Cell: _____

Emergency Contact: Name: _____ Phone: _____

Email Address: _____

Child's Name: _____ Date of Birth: ____ / ____ / ____

Child's Name: _____ Date of Birth: ____ / ____ / ____

Child's Name: _____ Date of Birth: ____ / ____ / ____

Child's Name: _____ Date of Birth: ____ / ____ / ____

Does your child have any allergies? Y / N If yes, please explain: _____

Check Cash Credit Card Amount: \$ _____ Please mention coupons here: _____

VISA/MC/DISCOVER/AMEX: _____ Exp. Date: ____/____/____

Cardholder's Signature: _____ Manager's Approval _____ Date ____/____/____

Recurring monthly membership? Y/N

Monthly Family Membership	10 visits punch card	Single Visit	Drop off (ages 3 and up)
Includes unlimited open play for one month. \$60	\$100	\$15	\$20 per day

Waiver: I realize that my child will be participating in physical activities such as music and movement and yoga and/or cooking. I understand that there is a risk of injury when engaging in cooking and physical activities and I will not hold The Little Green Tambourine, LLC or its teachers liable for any injury that may result from participation in these activities.

Signature: _____