

TSOM Trial Week REGISTRATION FORM



Please bring this completed form with you on the first day of your trial week.
If there is anything we should know prior to your child’s start, please reach out (ie. allergies)

Child’s Full Name: _____

Child’s Age & Birthday: _____

Parent(s)’ Name: _____

Phone Number(s): _____

Email Address: _____

Emergency Contact: _____

Relationship: _____

Phone Number: _____

Please list any additional information you’d like us to know about your child, including any **allergies**:

Do we have your permisison to use photos of your child for social media and/or advertising purposes?
