

Please mail/email this registration form and payment to:

City Kids, Inc / Attn: Course Registration

5669 N Northwest Hwy

Phone 773/467-5669

Chicago, IL 60646

Scan to: citykidsfun.play.learn@gmail.com

FAX 773/631-2926

COURSE REGISTRATION FORM 2024

Name _____ Discipline _____

Address _____ City _____ State _____ Zip _____

Phone # _____

email address _____

_____ Baby Treatment (3 Part) Webinar	Jan. 18, 20, 23	\$275.00
_____ Five Days of NDT	March 7-11	\$750.00
_____ Handling Intensive for Children with Quadruplegic Cerebral Palsy	April 19-21	\$400.00
_____ NDT Advanced Baby Treatment App Fee	May and July 2024	\$25.00
Total amount enclosed \$		_____

Please make check payable to City Kids, Inc Check # _____

If paying by credit card, please complete and sign the following:

_____ **Visa** (13 or 16 digits) _____ **MasterCard** (16 digits) _____ **Discover** (16 digits) _____ **American Express** (15 digits)

If using a Visa card, please provide the last 3 digits located on the signature side of the card

Expiration Date _____
month year

Amounts charged \$ _____

X _____ Date _____
Signature of cardholder

Cardholder's name as shown on the card _____

Cardholder's **address & zip code** only _____

~~~~~  
Refunds are given up to 3 weeks prior to the course date, minus a \$50.00 processing fee. A written notice must accompany this cancellation and be postmarked 21 days prior to the course. Confirmation of registrations based on postmarked receipt of payment in full. NO partial payments accepted.

City Kids, Inc. reserves the right to cancel any course with due cause and refund in full.

course 2023/24 kh