

## Succeed, Kids! Weight Management for Kids and Families

Registration information - Spring Session: April 5 - May 29, 2010

please print.

### Participant (Child or Teen):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_  
Primary Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_  
Weight: \_\_\_\_\_ Height: \_\_\_\_\_



### Parent/Guardian(s):

Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone 2: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Marital Status: Single Married Widowed Divorced Partner  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Referral: Who referred you? \_\_\_\_\_

**PAYMENT INFORMATION** **Cost of class: \$275 for 8 weeks (early bird special = \$247.50 by March 25, 2010)**

**Credit Card:** VISA Mastercard AMEX Discover  
# \_\_\_\_\_ Exp Date: \_\_\_\_\_ Code: \_\_\_\_\_

**Check enclosed** (Payable to Feed to Succeed, LLC)

### **CLASS CHOICE (Please rank order of preference)**

<b><u>Preference</u></b>	<b><u>Section #</u></b>	<b><u>Date/Time</u></b>	<b><u>Age Group</u></b>	<b><u>Location</u></b>
_____	Section 1	Mondays, 7 pm	Age 2 - Middle School	Edgebrook Dance Academy, 5347 W. Devon Ave., Chicago
_____	Section 2	Mondays, 8:15 pm	Jr High - High School	Edgebrook Dance Academy, 5347 W. Devon Ave., Chicago
_____	Section 3	Thursdays, 7 pm	Age 2 - Middle School	Kids First Pediatrics, 4611 W. Golf Rd., Suite 200, Skokie
_____	Section 4	Thursdays, 8:15 pm	Jr High - High School	Kids First Pediatrics, 4611 W. Golf Rd., Suite 200, Skokie
_____	Section 5	Saturdays, 2 pm	Age 2 - Middle School	Childrens Gastro. Spec., 2551 Compass Rd, Suite 110, Glenview
_____	Section 6	Saturdays 3:15 pm	Jr High - High School	Childrens Gastro. Spec., 2551 Compass Rd, Suite 110, Glenview

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail completed form with payment to Betsy Hjelmgren, 6108 N. Tripp Ave., Chicago, IL 60646 or email form with credit card info to [betsy@feedtosucceed.com](mailto:betsy@feedtosucceed.com)**