



Registration Form

Child or Children's Name: _____

Parents' Names: _____

Address:

City, State, Zipcode _____

Birthdate: ____/____/____ Age: _____

Phone: (____) _____

Email: _____

Emergency Contact: _____

Emergency Phone: (____) _____

Allergies/Additional Needs:

Class/ Camp Information:

Please indicate day/time/ of desired class/camp. Please circle location.

Plymouth Farmington Hills South Lyon Milford Ypsilanti

Livonia Ann Arbor

Please circle your choice of payment.

Pay online

Check

Cash

Please make checks payable to:

The Bilingual Fun Co.

42015 Ford Rd. #272

Canton MI 48187

