

Chapel Hill Zen Center
Children's Program Registration Form
Mailing Address: P.O. Box 16302, Chapel Hill, NC 27516

Child's name _____ Date of Birth _____ Date _____ Age _____

Parent/Guardian names _____

Member of Chapel Hill Zen Center? Yes _____ No _____
If not a member, have you ever meditated at the center? Yes _____ No _____

Address _____

City _____ Zip _____

Home Phone # (_____) _____ Cell (_____) _____

Email _____

Emergency Contact (Name & Phone) _____

Child's Physician _____

Address _____ Phone (_____) _____

Does your child have any health conditions we need to be aware of? Yes _____ No _____
If yes, please describe _____

Any known allergies? (Please list) _____

Are there any foods your child cannot eat? _____

The children's program will meet on the first, third, and fifth Sunday of each month from 9:00 am – 11:00 am. The fall semester starts on September 19 2010 and goes through December 19 2010. For the complete schedule, and for all other information (including contact information), please see the children's program website:

<http://chzc.wordpress.com/>

This registration form expresses a commitment that your child will attend every class session of the school year. However, we understand that sometimes absences are unavoidable. If your child must miss class, please contact Lance (lower school) or Randy (upper school) as soon as you know. The contact information is on the CHZC website.

A donation of about \$5 per class is requested to cover snacks and materials.

Please sign and return this registration form to the Zen Center by **September 9 2010**.

Parent or guardian signature: _____