



Lango
Registration Form

For more information, please contact Eileen O'Sullivan: (310) 402-BABY (2229) ext 3

Parent's (1) Name: _____ Date: _____

Email**: _____

Phone (Home): _____ (Cell): _____

Address: _____

Parent's (2) Name: _____

Email**: _____

Phone (Home): _____ (Cell): _____

Address: _____

Child's Name: _____ Sex: M _____ F _____

Child's Birth Date: _____ Age: _____

How did you hear about WBC? _____

Class Start Date and Time: _____

Fee: \$185*/Family for a 10-week series. You may complete your registration by going to www.wellbabycenter.org and selecting "Our Programs" → "Lango"

Fee: _____ **Date of Payment:** _____

Sliding scale? Yes _____ **No** _____

Our Policy: At the end of each series there is one make-up class for any missed classes.

*Sliding Fee Scale Available

**Well Baby Center never shares email addresses!

For office use only

Fee: _____ **Date of Payment:** _____ **Check** **Cash** **PayPal**

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www.wellbabycenter.org