LIVELY LITERATURE

Registration Form

Parent's Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Child's Name:	Age:	Desired Age Group:
1. _____	____	_____
2. _____	____	_____
3. _____	____	_____
4. _____	____	_____
5. _____	____	_____
6. _____	____	_____
7. _____	____	_____

Fees:

$5.00 per child $ 5.00

Number of children X _____

Total: $ _____

Age Group parent prefers to work with:

First Choice: _____

Second Choice: _____

Mail your completed form & check payable to:

Wendy Webb ▪ 1107 Dailey Pl. SW ▪ Leesburg, VA 20175-4317