



## Mommy & Me Preschool Class for Terrific 2 Year Olds

### Doodlebug Pals Winter Registration Form

**Instructions:**

1. Fill out Registration form.
2. Sign the back of the Registration form.
3. Enclose check made payable to: HealthQuest (if not paying by other method)
4. Mail Registration & Payment to:

Ms. Colleen Wernoski  
Doodlebug Pals, LLC  
19 Vail Lane  
Flemington, NJ 08822

**Questions?? Call Ms. Colleen at (908)938-1909 or visit [www.doodlebugpals.com](http://www.doodlebugpals.com)**

Registration for the following session (please X all that apply):

Fall 2008

**Winter 2008/09 (12/1/08 - 02/18/09)**

Spring 2009

Fall, Winter & Spring 2008/09

(I will receive a 10% discount off of the total tuition)

Registration for the following class (please indicate 1<sup>st</sup> and 2<sup>nd</sup> choice):

\_\_\_\_\_ Mon, 10:00-11:00am

\_\_\_\_\_ Tues, 10:00-11:00am

\_\_\_\_\_ Wed, 10:00-11:00am

Child's first name: 1<sup>st</sup> Child: \_\_\_\_\_

2<sup>nd</sup> Child: \_\_\_\_\_

Child's last name: 1<sup>st</sup> Child: \_\_\_\_\_

2<sup>nd</sup> Child: \_\_\_\_\_

Child's date of birth: 1<sup>st</sup> Child: \_\_\_\_\_

2<sup>nd</sup> Child: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Other Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone # - home: \_\_\_\_\_; cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

(please turn page over)

**Registration fee and Tuition are due at the time of registration.**

**Registration Fee:** (\$35.00) x \_\_\_\_\_

**Tuition:**

Winter Session (only) – HealthQuest Member (\$150.00) x \_\_\_\_\_

Winter Session (only) – Non-HealthQuest Member (\$175.00) x \_\_\_\_\_

Full Year – HealthQuest Member (\$405.00) x \_\_\_\_\_

(must register by 09/14/08 to receive 10% discount)

Full Year – Non-HealthQuest Member (\$462.50) x \_\_\_\_\_

(must register by 09/14/08 to receive 10% discount)

Full Year – HealthQuest Member (\$450.00) x \_\_\_\_\_

(register after 09/14/08)

Full Year – Non-HealthQuest Member (\$525.00) x \_\_\_\_\_

(register after 09/14/08)

LESS 10% discount for multiple children (of the same family) x \_\_\_\_\_

*(discount only applies to tuition, not registration fee)*

TOTAL PAYMENT: \$ \_\_\_\_\_

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**Payment Method:** Total Payment Due at Registration

1) Make **checks payable to: HealthQuest of Hunterdon**

2) HealthQuest Member ID: \_\_\_\_\_

3) Credit Card Information:

Name as it appears on the card: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

4) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail Registration form and payment to:**

**Ms. Colleen Wernoski**

**Doodlebug Pals, LLC**

**19 Vail Lane**

**Flemington, NJ 08822**

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Registration confirmation will be made via e-mail within 2 weeks of receipt.

Participant expressly agrees on his/her behalf that all use of the Club shall be undertaken at his/her sole risk, and that the owner, director and teachers of Doodlebug Pals, LLC and the Club's owners, managers, employees shall not be liable for any damages or injuries to any member or guest, or be subject to any claim or demand whatsoever. Each participant assumes responsibility of him or herself and on behalf of his/her executors, administrators and assigns, does fully and forever waive, release and discharge the owner, director and teachers of Doodlebug Pals, LLC and the club's owners, managers, employees and agents from any claims, demands, rights of action or causes of action, present or future whether the same be known or unknowns, anticipated, or unanticipated, resulting from, or arising out of, the member or his/her guest, or his/her minor children's use of intended use of Doodlebug Pals' and/or the Club's facilities and equipment. I consent to pictures being taken of the participant and understand that any such pictures will become property of Doodlebug Pals, LLC and/or the Club. They may be used without payment of fees or other compensation to the Participant. Where the Participant is a minor (under 18), a parent or legal guardian must sign below indicating agreement with the terms this application on behalf of the minor child.

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