



CPR REGISTRATION FORM
(ONE FORM PER CHILD)

Registration For School Year: _____

Child's name: _____
Last) (First)

Child's birth date: ____/____/____
Mo. Day Year

Parent names: _____
(Mother)

(Father)

Address:

(Street)

(City) (State) (Zip)

Phone # () _____

E-Mail Address: _____

PROGRAM DAY: MON. ____ TUES. ____ THURS. ____ ANY ____
(Please give a 1st and 2nd choice)

We are: current CPR family ____ Chapel Hill member ____
New family ____

Will you have more than 1 child attending? Yes/No
How did you hear about us?

Send registration form along with registration fee of
\$35 for 1 child and \$55 for two or more to
Children's Praise N' Rainbows
4888 Pilot Knob Road Eagan MN 55122