



94 Walnut Street, Montclair, NJ 07043
Phone 917 864 5331

REGISTRATION FORM

Family Information

Name of Primary member (Parent or legal
Guardian) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Work _____

Phone _____ Mobile _____ Email _____

Register all parents, caregivers, people allowed to pick
children up, and children below

Adults: _____ Children (please include date of birth
and sex): _____

1. _____	1. _____	DOB	__/__/__	M/F
2. _____	1. _____	DOB	__/__/__	M/F
3. _____	1. _____	DOB	__/__/__	M/F

General Information

Child's name _____ DOB __/__/__

Name of Physician _____ Phone _____

Physician's Address _____

Emergency Contact 1. _____ Phone _____

Emergency Contact 2 _____ Phone _____

Medical Information

Does your child have any allergies, physical limitations, or
medical conditions you would like us to know about? Please
describe:

Classes, Camps & membership

Class name and Code	Day	Time	Age	Participant	Fee

One Time Registration Fee 35\$ per registrant	\$
Membership	\$
Multiple Class Discount 5% per additional class	\$
Bring a sibling 10% off	\$-
Bring a friend 5% off	\$-
Sign up for 2 months get 10% off	\$-
Only one discount per child	
Special promotional Code	\$-
Total Due	

Payment Information

Check # _____ Date _____

Credit Card # _____

MC VISA EXP ___/___/___

Name as it appears on card _____

Signature _____ Date _____

By registering for programs at The Bee's Knees, I agree to follow all policies pertaining to the facility. I enroll understanding the risks and benefits of physical activity and state that all family members participating are in condition to play.

Signature _____ Date _____

How did you hear about us? _____