

## Spring 2009 Registration

Participant's name \_\_\_\_\_

Age \_\_\_\_\_

2<sup>nd</sup> Participant's name \_\_\_\_\_

Age \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Daytime phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

### Payment:

Cash

Check

Credit Card

Credit Card # \_\_\_\_\_

Name on Card \_\_\_\_\_

Exp. Date \_\_\_\_\_

Amount Enclosed \_\_\_\_\_

Make checks payable to SBSA

Mail payment and form to:

**Sibshops**  
**Step By Step Academy – Building G**  
**445 East Dublin-Granville Road**  
**Worthington, Ohio**  
**43085**

Please check if your child needs any special accommodations.

For more information on this program, please contact the Social Work Department at Step By Step Academy at (614) 436-7837.