

Stories by Hand presents
Little Hands Signing
7 Beth Court
Owings Mills, MD 21117
(443) 739-0716

storiesbyhand@kathymacmillan.com www.storiesbyhand.com

Baltimore County: Owings Mills Class, Fall 2010

7 Beth Court
Owings Mills, MD 21117
(443) 749-0716

Dates: September 16, 23, 30 & October 7, 14, 21 (6 weeks) at 9:30 AM

For ages birth-3 with adult; siblings welcome.

Cost: \$100 per parent/child pair; \$25 for each additional child ages birth-3.

Weekly themes will be selected by attendees at first class.

Registration and payment must be received by September 2, 2010 to reserve a space.

Policies:

Refund Policy:

Prior to first class: 100% refund

Prior to third class: 50% refund

Inclement weather: In the event of inclement weather cancellation, the class leader will notify participants at least one hour before class time. If possible, make-up class dates will be offered. If make-up classes cannot be arranged, then a refund of \$15.00 per cancelled class will be issued.

Class Size: Classes will be limited to no more than 10 children, with a maximum ratio of one adult per three children.

Siblings: Siblings ages 4 and older are welcome to attend at no additional cost, but they must be registered on the "sibling" portion of the registration form.

Payment: Payment in the form of a check made payable to Kathy MacMillan must be received 2 weeks prior to first class in order to reserve a space. Occasionally arrangements may be made for later registration. Please contact us at the number above for details.

Little Hands Signing Registration
For Owings Mills Class, Thursdays at 9:30 AM
September 16, 23, 30 & October 7, 14, 21 ~ For ages birth-3 with adult

Child's Name: _____ Child's Age: _____

Adult's Name: _____

Additional Child(ren) Age Birth-3:

Name(s): _____ Age(s): _____

Will any siblings age 4 or older attend? There is no cost for siblings ages 4 and up, but they must be listed here:

Name(s): _____ Age(s): _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Email: _____

Have you used any signs with your child already? _____

Does your child have any special needs? (continue on back if needed)

Please tell us a little about your child's personality: _____

Payment: \$100.00 per parent/child pair; \$25 for each additional child age birth-3

Total enclosed: \$_____

Return this form to:

Kathy MacMillan, Little Hands Signing

7 Beth Court, Owings Mills, MD 21117

Enclose a check made payable to Kathy MacMillan. Registration and payment must be received by September 2, 2010 to reserve a space.