

**Voices Unlimited
Winter Term, 2024**

Name: _____ **Date of Birth:** _____

Address: _____

Home Phone Number: _____ **Cell Phone #** _____

Emergency Contact Person: _____

Relationship: _____

Phone Number: _____ **Cell Phone #** _____

Email: _____

Any behavioral, medical, or dietary concerns we should be aware of?

**The winter term begins January 27 and ends March 16.
Tuition is \$50. Please make checks payable to Voices Unlimited.**