

Interest in an HHHMD Class Form

If you are interested in attending an HHHMD class, or having one available for your child, please complete the following form in its entirety.

Name: _____

Child's Name: _____ **(if for your child)**

Date of Birth: _____

Day of the week you'd like to attend class? (put a # by each day 1-7; 1=day you prefer the most, 7=day you prefer the least)

Mon ___ **Tues** ___ **Wed** ___ **Thurs** ___ **Fri** ___ **Sat** ___ **Sun** ___

Time frame you prefer: (put a # 1-4 by each , 1=time frame you want most, 4=time frame you want least)

5:00-6:30pm ___ **5:30-7:00pm** ___

6:00-7:30pm ___ **6:30-8:00pm** ___