

**CHKD Healthy You for Life Program**  
**Health class registration**

**CHILD AND ADULT INFORMATION**

Child's Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Gender: Male / Female    Race: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_ Date of birth \_\_\_\_\_ SS# \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Parent's Email \_\_\_\_\_ Child's Email \_\_\_\_\_

Child's Doctor and Phone # \_\_\_\_\_

**REGISTRATION INSTRUCTIONS**

The Healthy You for Life, lifestyle classes are an out of pocket expense and generally not covered by insurance. The fee is \$350.00.

Payment plans, scholarships and fee adjustments are available. You may pay by credit card, check or money order made payable to CHKD.

***All payments are non-refundable.***

To request scholarship assistance contact Kristen at 757-668-7860

**CREDIT CARD INSTRUCTIONS**

If paying by credit card, please complete the information below.

Credit Card:    Master Card                  VISA                  American Express

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

Expiration Date: \_\_\_\_\_ Amount of payment: \_\_\_\_\_

Name as it appears on card (please print) \_\_\_\_\_

Signature: \_\_\_\_\_

**MAILING INSTRUCTIONS**

**Mail this completed registration form, copy of insurance card and payment to:**

Healthy You for Life Program c/o Children's Hospital of The King's Daughters  
601 Children's Lane  
Norfolk, VA 23507

***For Healthy You for Life Staff Only***

*Paid* \_\_\_\_\_ *Cash/CC/Check*

*Balance owed* \_\_\_\_\_

*Today's Date* \_\_\_\_\_

*Class starting date* \_\_\_\_\_

*Location of class* \_\_\_\_\_