



Registration Form for Yoga Child Teacher Training,
Level II, 48-hr Apprenticeship

Name:

Address:

Phone Number:

Email:

Name of Emergency Contact:

Phone Number:

Select Apprenticeship season and complete date: Fall 20__ Winter/Spring 20__

Specify whether you have a car or will be using public transit:

Payment Method: Please check the applicable boxes:

I have made payment to Yoga Child on-line or through Paypal and paid in full.

I have made payment to Yoga Child on-line or through Paypal and paid 50% now and will pay the balance no later than 14 days prior to the start date of my apprenticeship.

Apprenticeship payments are non-refundable, but may be applied to a future date or training should you become unable to attend for any reason.

Placement Preference

I have a preference to apprentice with the following age group: _____ but understand that due to certain circumstances I may be placed with a different age group.

Clearance Forms and Insurance

I understand that I must obtain my PA Child Abuse, PA Criminal background check and FBI fingerprint clearance along with liability insurance and provide copies of each to Yoga Child prior to beginning my apprenticeship.

I'm ready to continue my journey to become a children's yoga teacher

Namaste

Please submit this form on line through our website