

BOOTY CAMP® REGISTRATION FORM

****For children with special needs, please also fill out the form on the next page****

Class Date:
1st. choice: _____ 2nd choice: _____ Child's Shirt Size: _____

Child's Name: _____ Child's Birth date: _____ age: _____

Parent's Names: _____ Primary caregiver: _____

Phone Numbers; Home: _____ Cell: _____

Email Address: _____

Address: _____

Allergies: _____ Reaction: _____

Favorite Drinks: _____

Favorite Snacks: _____

Potty History/Issues (if any): _____

Personality: _____

How did you hear about Booty Camp? _____

Pediatrician Referral Name & Phone: _____

WAIVER FORM

Instructor may assist my child with potty training, which includes but is not limited to, checking for dryness and cleaning of the genital areas. Parent/caregiver will be present at all times. Photos taken during class will be available for parental viewing and may be used for promotions.

Signature: _____ Date: _____

- Please bring the following: 1 potty chair, 15 pairs of underwear (not reinforced), & a towel.
- Class is taught by Wendy Sweeney, RN, pediatric/NICU/postpartum nurse, mother of 6.
- Non-refundable payment is due at the time of registration. Click [here](#) to pay with PayPal.

Office Use Only: Payment Rec'd. _____ Confirmed _____
Date _____ Final Confirmation _____