



Registration Form

To register by mail- Print/ complete form and enclose payment by check.

Mail to Boston Sensory Solutions, LLC 500 Granite Ave. Suite 1, Milton, MA 02186

To register online- Complete/ save/ email form to information@BostonSensorySolutions.com.
An invoice for online payment will be sent to you upon receipt of emailed registration form.

Boston Sensory Solutions, LLC Group Waiver MUST be on file in original form. Valid for 1 year.

Which group are you registering? _____

How did you hear of this group? _____

Family Name: _____

Home Address _____

Email Address _____

Parent/ Guardian #1Name _____ Phone # _____

Parent/ Guardian #2Name _____ Phone # _____

Additional Emergency Contact Name _____ Phone # _____

Child- Name _____ Date of Birth _____

Allergies/ Medical Precautions _____

Relevant Diagnoses _____

Why did you register your child for this group? _____
