



Parks and Recreation Department  
1100 chatham Av Norwalk, IA 515.981.9206



# Signing with Baby

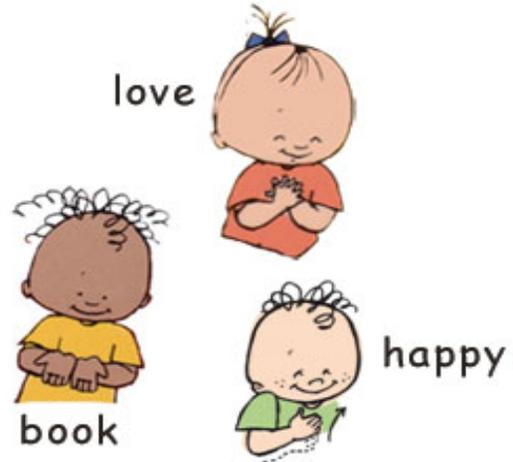
*PRE-REGISTRATION REQUIRED*

(Register online @ [www.norwalk.iowa.gov](http://www.norwalk.iowa.gov), Parks and Recreation office, drop box or by mail)

Start off communication with your child before they can speak. You will learn 10 popular signs for your child. We will meet two times for an hour and learn techniques for you and your child to sign. Children age 2-4 welcome to join us.

## Dates

**Registration Dates:** Jan 19 to Jan 30  
**Program Days:** Saturday  
**Program Dates:** Feb 21 & 28  
**Program Times:** 10:00 - 11:00 AM



## Information

**Cost:** \$10.00 residents (inside Norwalk city limits)  
\$11.50 non-residents  
**Location:** Norwalk Public Safety Building  
**Instructor:** Ashlee Seibert  
**Min/Max:** 5/10



Mommy



Daddy



Please



Thank You

TURN OVER TO FILL OUT REGISTRATION INFORMATION

Norwalk Parks and Recreation Registration Form

Individual Information:

Name: [First] [MI] [Last]

Address: [ ]

City, State, Zip: [ ] [IA] [ ]

Daytime Phone #: [ ] Type: [ ]

Evening Phone #: [ ] Type: [ ]

Cell Phone #: [ ] Preference: [ ]

Email Address [ ]

Activity Information:

Program [Signing with Baby] Registration Fee [ \$10.00 - \$11.50 ] Late Fee [ ]

Financial Assistance Donation:

Our programs are intended to open up participation opportunities for Norwalk area children by reducing financial obstacles for those who may not be participating because they cannot afford to pay the registration fees. Would you like to contribute \$1.00 (or more) to this program? Yes \_\_\_\_\_ No Thank You (if yes, please add your donation to the registration fee - and THANK YOU!)

Additional Comments/Medical conditions (if any):

[ ]

Liability Wavier:

I will participate in this program and agree not to hold the Parks and Recreation Department, their staff, or any volunteer helpers responsible for any accidents. I have READ and AGREE to the waiver:

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

FOR OFFICE USE ONLY: 440.4500

PAID \_\_\_\_\_ CK# \_\_\_\_\_ CASH \_\_\_\_\_ By: \_\_\_\_\_

Credit Card \_\_\_\_\_ Number \_\_\_\_\_ Expires \_\_\_\_\_