

Kaiser Permanente
HEALTH EDUCATION
2345 Fair Oaks Blvd, Stn. 12
Sacramento, CA 95825

(916) 480-6563
Fax (916) 480-6470



High Five to Health Registration Form

Child's Name: _____ Child's MR# _____

Age: _____ Ht: _____ ft. _____ in. Wt: _____

Parent's Name: _____ Parent's MR#: _____

Address: _____

City: _____ Zip: _____

H) _____ W) _____ C) _____

Payment Method:

Check # _____ Money Order _____ Credit Card _____

Credit Card Information:

Visa: _____ M/C: _____ AmEx: _____ Discover: _____ Other: _____

Credit Card Number: _____ Expiration Date (mm/yy): _____

Billing Street Address: _____ Billing Zip code: _____

Last Name on Credit Card: _____ Signature: _____

Payment Agreement: The \$50 payment (\$85 non-member) will be refunded if I cancel/reschedule my appointment at least 24 hours prior to appointment date. It is non-refundable if I fail to keep my appointment or fail to cancel within 24 hours of appointment. It is non-refundable after attendance in the first class.

Payment Agreement (initial): _____

MAIL TO: Kaiser Permanente
Health Education Department-High 5
2345 Fair Oaks Blvd, Station 12
Sacramento, CA 95825

Office Use Only

Date Payment processed: _____ Pymt Amt:\$ _____

Date of class: _____

Location: _____