



# Registration Form

**Student Name:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

**Parent Name(s):** \_\_\_\_\_

**Address: Street** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Work:** \_\_\_\_\_ **Email** \_\_\_\_\_

**Class:** \_\_\_\_\_ **Payment:** \_\_\_\_\_

**Emergency Contact:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Allergies?** \_\_\_\_\_ **(If yes) To What?** \_\_\_\_\_

**Medications?** \_\_\_\_\_

**Other problems to be aware of?** \_\_\_\_\_

**Physicians Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Health Insurance Co:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

**Is there anyone who does not have permission to pick up your child that**

**I should know about?** \_\_\_\_\_

**May I use pictures of your child and/or their artwork on my website?**

**Yes:** \_\_\_\_\_ **Restrictions** \_\_\_\_\_

**No:** \_\_\_\_\_