

REGISTRATION FORM ★ PLEASE PRINT

Today's Date \_\_\_\_\_

Student Name \_\_\_\_\_

Address \_\_\_\_\_

City / Zip \_\_\_\_\_

Student Cell \_\_\_\_\_

Student Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Email \_\_\_\_\_

Mom's Name \_\_\_\_\_

Mom's Cell \_\_\_\_\_

Dad's Name \_\_\_\_\_

Dad's Cell \_\_\_\_\_

Class Day and Time \_\_\_\_\_



Please list all allergies:



\_\_\_\_\_  
\_\_\_\_\_

Make checks payable to: MY STUDIO, LLC (\$30.00 return check fee)

MY STUDIO, LLC will not be held liable for items damaged, lost or stolen, or for injury sustained through misuse of the studio or its contents.

MY STUDIO, LLC will not assume responsibility for the supervision of children for more than five minutes before or after any class.