



Parents/Guardians		
Address		
Home Phone		Other Phone Numbers
Mom's Cell Phone	<i>Text? Yes No</i>	
Dad's Cell Phone	<i>Text? Yes No</i>	
Contact if parents cannot be reached		
Parent Email		

Parents - How often do you check your email? _____

Parents - How do you prefer to receive studio information? Please circle all that apply:

Website Facebook Email Phone Text

Student's Name		
Birthday		
School & Grade		
Student Email		
May instructor email studio notices, materials, & links to online materials to <i>student's email address</i> ? Please <u>INITIAL</u> one line ___ Yes ___ No ___ Yes, but please CC to parent		
Student Cell Phone	<i>Text? Yes No</i>	
Allergies, Behavioral, or Medical Needs:		
Student is enrolling in:		

STUDENT AGREEMENT: I agree to arrive prepared with all my materials; pay careful attention to my assignments; practice a minimum of 90 minutes each week (30 minutes five days a week is preferred); and respect the instructor, other students, studio materials, and equipment.

 Student Signature

 Parent Signature

Student's Name		
Birthday		
School & Grade		
Student Email		
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