



Student Registration Form

Please do one of the following:

- print this form, fill it out, and bring it with you on the first day, or;
- Fill out the form digitally and email it to robin@crayonboxcollective.com

Student's Name _____
(Date of Birth - mm/yyyy)

Address _____

Parent's email: _____

Emergency Contact Information

Contact #1 _____
(name) (phone)

Contact #2 _____
(name) (phone)

Contact #2 _____
(name) (phone)

Allergies: _____

Anything else I need to know: _____

I agree to screen for illness before bringing my child/children to class. If they can't go to school, they can't go to art class.

Although steps have been taken to prevent the spread of COVID, flu, and other illnesses, I understand that Crayon Box Studio cannot guarantee a 100% risk free environment.

I give the Crayon Box Studio permission to photograph my child and to share photos for media and promotion purposes. Crayon Box will never identify any child by name or address.

Name of Parent (please print)

Signature of Parent