

BLUE APPLE STUDIOS 2017 REGISTRATION FORM

NAME OF CHILD: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

NAME OF PARENT(S): _____

PHONE NUMBERS: HOME: _____ CELL: _____

WORK: _____ PLACE OF WORK: _____

NAME OF OTHER PARENT (IF APPLICABLE): _____

ADDRESS: _____

HOME#: _____ CELL#: _____

WORK#: _____ PLACE OF WORK: _____

EMAIL: _____

EMAIL (2): _____

DO YOU PREFER TO RECEIVE EMAILS? Y / N

EMERGENCY CONTACT: _____

PHONE # _____ RELATION: _____

SCHOOL ATTENDING: _____

GRADE: _____ AGE: _____ BIRTH DATE: _____

CLASS REGISTERING FOR:

PLEASE RETURN THIS WITH A \$50. NON REFUNDABLE DEPOSIT FEE TO ENSURE YOUR CHILD'S SPACE IN THE CLASS YOU ARE SIGNING UP FOR.

I HAVE READ AND UNDERSTAND THE "BLUE APPLE STUDIOS POLICY"

X _____ DATE: _____

PLEASE PRINT NAME: _____