



Student Registration Form

Please fill out the following form before your first class!
Print and bring in the form, or email us at SewBeCrafty@gmail.com!

Student's Information

DOB:

First Name:

Last Name:

Street Address:

City/Town:

Postal/Zip Code:

Home Phone:

Cell Phone:

Email Address:

Parents/Guardians
Names/Phones:

Emergency Contact
Name/Phone:

Primary Care Physician:

Phone:

Please list any Challenges, Allergies, Medical or Learning Disabilities, Parent Concerns, etc:

I authorize the following person or persons only to pick up my child:

Parent Authorization: