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Student Registration Form

Student's Name	Date of Birth
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Parent/Guardian Name	Relationship to Student
Email	Phone
Mailing Address	
Best Contact ☐ Email Emergency Contact Name/Ph☐ Phone Call ☐ Text Message	none
Other Student Information (Known Allergies, Disabilities, etc.)	
I have read and understand the Studio Policies, and agree to abide by the guidelines and policies listed.	
Parent/Guardian Signature	Date