

Student Information Form

*This form must be received by **color wheel studio** prior to the beginning of your child's first class. Feel free to bring this completed form with you to the studio or you may fax it back to 773.360.7458.*

Child's Information

Child's name

(last) _____

(first) _____

Birth Date _____

What school does your child attend? _____

What Grade? _____

You are registered for what *color wheel studio* class?

Emergency Information

Parents' Names

Home address

City _____ Zip _____

Home phone _____

Cell phone _____

Email address

In addition to above named parent(s), who may pick up your child from *color wheel studio*?

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Please let instructor know when someone other than yourself will be picking up your child from *color wheel studio*.

Emergency contact (other than parent):

Emergency phone _____

Pediatrician name _____

Phone _____

Does your child have any medical conditions of which *color wheel studio* should be aware? If so, please explain:
