



Freshing Floor Academy & Children's Art Gallery

Student Registration Form

Student's Name _____
Date of Birth ___ ___ ___ School/Homeschool _____ Grade Level _____
Music Class _____ Prior Experience _____
Preferred Day of Class _____ Preferred Time of Class _____ Desired Start Date _____
Art Class _____ Prior Experience _____
Preferred Day of Class _____ Preferred Time of Class _____ Desired Start Date _____

Parent's Name (Mother) _____
Street Address _____ City _____ State ___ Zip Code _____
Home Telephone _____ Work Telephone _____ Cell Telephone _____
Email Address _____

Parent's Name (Father) _____
Address (if different from above) _____ City _____ State ___ Zip Code _____
Home Telephone _____ Work Telephone _____ Cell Telephone _____
Email Address _____

Guardian's Name _____
Address (if different from above) _____ City _____ State ___ Zip Code _____
Home Telephone _____ Work Telephone _____ Cell Telephone _____
Email Address _____

Emergency Contacts

Name _____ Address _____ phone number(s) _____
Relationship to Student _____

Name _____ Address _____ phone number(s) _____
Relationship to Student _____

Name _____ Address _____ phone number(s) _____
Relationship to Student _____

Please list names of individuals who you have given permission to drop student off and pick them up _____

Medical History

Please list any medications taken by the student _____

Please list any health conditions (food allergies, etc.) _____

Additional Information _____