# Amaranth Studio

4600 Hay Drive

Manchester, MD 21102

Student Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (Please Print) | | | | | | | | | | | | | | | | | | | | | | |
| Today’s date: | | | | | | | | | | | | Grade level: | | | | | | | | | | |
| Student INFORMATION | | | | | | | | | | | | | | | | | | | | | | |
| Student’s last name: | | | | | | | | | | | First: | | | | | | | | | | Middle: |
|  | | | | | | | | | | | | | | | | | | | | | |
| Birth date: | | | Age: | Sex: | | |
| / / | | |  | ❑ M | | ❑ F |
| Street address: | | | | | | | | | |  | | | | | | | | | Home phone no.: | | | |
|  | | | | | | | | | | | | | | | | | | | ( ) | | | |
| P.O. box: | | | | | | City: | | | | | | | State: | | | | | | | ZIP Code: | | |
|  | | | | | |  | | | | | | |  | | | | | | |  | | |
| Allergies/Sensitivities | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Chose this studio because/Heard about this studio by: | | | | | | | | | | | | | | | | | | | | | | |
| ❑ Family | | ❑ Friend | | | ❑ Close to home/work | | | ❑ Website | | | | | ❑ Other | | | |  | | | | | |
|  | |  | | |  | | |  | | | | |  | | | |  | | | | | |
| Class Schedule ($12 per lesson) (Birdhouse seminar $35) (Plate seminar $20) | | | | | | | | | | | | | | | | | | | | | | |
| 1. | |  | | | | | | | | | | | | | | | | | | | | |
| 2. | |  | | | | | | | | | | | | | | | | | | | | |
| 3. | |  | | | | | | | | | | | | | | | | | | | | |
| Total | | $\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| IN CASE OF EMERGENCY | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | Relationship to student: | | | | | | Home phone no.: | | | | | | Cell phone no.: | |
|  | | | | | | | | |  | | | | | | ( ) | | | | | | ( ) | |
| |  |  |  |  | | --- | --- | --- | --- | | Name | Relationship to student: | Home phone no.: | Cell phone no.: | |  |  | ( ) | ( ) | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |  | |  | | | | | |  |
|  | Student (Parent/Guardian) signature | | | | | | | | | | | | |  | | Date | | | | | |  |