

# Studio GO! Registration

\_\_\_\_\_  
Parent(s) / Guardian First Name(s) Last Name(s)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Numbers Home [ ]'s cell [ ]'s

\_\_\_\_\_  
[ ]'s email address [ ]'s email address

\_\_\_\_\_  
**STUDENT Name** Birth Date / / Grade Completed

\_\_\_\_\_  
Medical Conditions/Allergies

\_\_\_\_\_  
Special Concerns

\_\_\_\_\_  
**STUDENT Name** Birth Date / / Grade Completed

\_\_\_\_\_  
Medical Conditions/Allergies

\_\_\_\_\_  
Special Concerns

\_\_\_\_\_  
**STUDENT Name** Birth Date / / Grade Completed

\_\_\_\_\_  
Medical Conditions/Allergies

\_\_\_\_\_  
Special Concerns

\_\_\_\_\_  
**STUDENT Name** Birth Date / / Grade Completed

\_\_\_\_\_  
Medical Conditions/Allergies

\_\_\_\_\_  
Special Concerns

Note additional students on reverse side.

