

SEWING LOUNGE
CLASS REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____

Class Title _____ Fee _____

Date _____

Class Title _____ Fee _____

Date _____

Class Title _____ Fee _____

Date _____

Total Enclosed _____

Make checks payable to Sewing Lounge

Credit Card # _____

Expiration Date _____

Signature _____

May we add you to our Email List? Yes _____ No _____

Do we have your permission to use class photos in our promotional materials?

Yes _____ No _____

Sewing Lounge
Maggy Schneider
835 Holly Ave.
St Paul, MN 55104
651-297-0495
info@sewinglounge.com
www.sewinglounge.com

SEWING LOUNGE
CLASS REGISTRATION FORM

FOR KIDS

Child's name _____ Age _____

Parent or guardian name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____

Email _____

Class title _____ Fee _____

Date _____

Class title _____ Fee _____

Date _____

Class title _____ Fee _____

Date _____

Total enclosed _____

Make checks payable to Sewing Lounge

Credit Card # _____ Exp. date _____

Signature _____

May we add you to our email list? Yes _____ No _____

Do we have your permission to use class photos in our promotional materials?

Yes _____ No _____

Does your child have any physical or medical condition (asthma, allergies, Diabetes, etc.) or take any medications we should be aware of?

Yes _____ No _____

If yes, please describe _____

If parent or guardian cannot be reached in an emergency, contact:

Name _____ Phone _____

Individual, other than parent or guardian, authorized to pick up child from class:

Name _____ Phone _____

By signing this registration form, I am aware and agree that:

A) Some Sewing Lounge classes have off-site field trips. My child may ride in a vehicle with seat belts driven by a Sewing Lounge teacher.

B) My child will only be permitted to leave class with me or with someone I have authorized.

Signature of Parent or Guardian _____

Date _____

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