

**Studio Seven**

Itasca Building, suiteCR30  
708 N.1<sup>st</sup> Street  
Minneapolis, MN 55401 (612)376-0381

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Nickname \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Siblings and Ages \_\_\_\_\_

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Emergency Contact  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Telephone \_\_\_\_\_

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Child's Doctor \_\_\_\_\_ Address \_\_\_\_\_  
Telephone \_\_\_\_\_

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Does your child have any allergies or limitations? Yes \_\_\_\_ No \_\_\_\_  
If so, please explain on the back of this sheet.

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**Session Preference is:**

Saturday 10:00-12:30 \_\_\_\_\_ Saturday 1:30-4:00 \_\_\_\_\_ Sunday 1:30-4:00 \_\_\_\_\_  
Tuesday 5:00-7:30 \_\_\_\_\_ Tuesday a.m. (home school class) \_\_\_\_\_ 10:00-12:30

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Please mail a \$25.00 registration fee along with this form to the Studio Seven address listed above. Tuition is based on a ten month payment plan. When a student is enrolled at Studio Seven we hope that the student will attend the entire school year. In case it is necessary to withdraw a 30 day notice must be given.