Registration Form

The Emri Road Studio

Please complete this form for all classes, workshops, open studio sessions, and events.

Participant Information
Participant Name(s): _____ Age (If under 18): _____

_____ _____

_____ _____

Class / Program Registration
Please list all classes, workshops, or events registering for:

Class/Program Name | Day & Time | Participant(s) Name(s) | Start Date

_____

_____

_____

_____

Parent / Guardian Information (if participant is under 18)
Parent / Guardian Name(s): _____

Relationship to Participant: _____

Contact Information
Primary Phone Number:_____

Secondary Phone Number: _____

Email Address: _____

Address (For emergency or refund purposes): _____

_____

Emergency Contact Information
Emergency Contact Name: _____

Relationship to Participant: _____ Phone: _____

Medical, Behavioral, or Learning Considerations
Please list any allergies, medical concerns, accommodations, sensory needs, or behavioral considerations instructors should be aware of: (See Accessibility & Support Needs doc for further information.) _____

_____

REGISTRATION FORM

The Emri Road Studio

Pick-Up Authorization (for minors)
Please list any individuals authorized to pick up the participant:
Name: _____ Phone: _____
_____
_____

Studio Communication Preferences
Please check any you would like to receive:
□ Class updates & schedule reminders
□ Studio event announcements
□ Free art prompts & creative resources
□ Future class & artshop information

Agreement Acknowledgment
□ I confirm that I have received, read, and agree to the Emri Road Studio Waiver & Studio Guidelines Agreement.

Signature: _____

Participant Name(s): _____

Parent / Guardian Signature (if under 18): _____

Date: _____

Thank you for registering with Emri Road Studio. We are excited to create with you!

Payment & Registration Status *(For Studio Use Only)*

Class/Artshop/Event	# of Participants/Projects	Price Per	Discount	Total

Amount Total: _____
Amount Paid: _____
Payment Method: _____
Date Received: _____
Remaining Balance: _____
Staff Initials: _____
Registration Confirmed: □ Yes □ No