

You're Sew Creative!

Registration Form

www.youresewcreative.com

tillman224@gmail.com

Please Print All Information
New Student ___ Previous Student ___

Student Name _____

Mailing Address _____

City _____ Zip _____

Child's Date of Birth _____

Home Phone _____ Email _____

Parents' Names _____

Mom Cell _____ Dad Cell _____

Work Phone (Mom) _____ Work Phone (Dad) _____

Emergency Contact _____ Phone _____

Child's Primary Care Physician _____ Phone _____

If your child has special challenges of any kind that would be helpful for me to know about (allergies, medical issues, learning disability), please list here:

Permission is given to _____ (other than parent) to pick up my child from class.

Contact number for person picking up child: _____

Signature: _____ Date _____

** Cost is **\$24 per lesson** and includes all materials and supplies, and the use of a sewing machine. Lessons are once a week for **one hour and 15 minutes**. Maximum class size at this time is 3 students.

Included is payment for ___ week(s) of lessons.

Classes are held at:

**308 SE Jackson St
Roseburg**

Please indicate your first, second, and third choice (visit www.youresewcreative.com to see class offerings).

1) Day and Time: _____

Name of Class: _____

2) Day and Time: _____

Name of Class: _____

3) Day and Time: _____

Name of Class: _____

