

Karen Ogden Studio Registration

Please print this form, fill it out completely, and bring it with you to your first visit to our studio.

Name and Birth Date: _____

Age: Grade: School: _____

Address: _____

City, State, Zip: _____

Phone Number: School or Daycare Pickup: _____

Nickname: CCD Day & Time: _____

E-Mail Address: _____

Mother: _____

Father: _____

Employers & Phone Numbers: _____

Mobile Numbers: _____

Optional Contact & Phone Number: _____

Optional Contact's Relationship to Child: _____

Classes in which to enroll child: _____

Do you wish to order a Studio T-Shirt? Yes No _____

Child T-Shirt Size: Please circle one. Small Medium Large _____

Adult T-Shirt Size: Please circle one. Small Medium Large XLarge XXLarge _____