



Registration Form

Student Information

Student Name _____ Birth Date _____ Age _____

Parent _____ Phone _____

Email _____

Street _____ City _____ Zip _____

Parent _____ Phone _____

Email _____

Street _____ City _____ Zip _____

Emergency contact _____ Phone _____

Relationship to student _____

School Name _____ Grade _____

Class _____ Date/Time _____ Amt. Pd. _____

I give permission to post photos (or videos) of my child on social media (Facebook, Twitter, Google +, Instagram) without any personal information. **Yes** ___ **No** ___

How did you hear about Createria Studios? _____

Would you like to be on our mailing list? Email: **Yes** ___ **No** ___ Mail: **Yes** ___ **No** ___

Notes:

Credit Cards accepted.

Make checks payable to:

Createria Studios

509 W. Bethel Rd.

Suite 100 Coppell, TX 75019

972.745.9200