

**Seam Divas Sewing Lounge**  
Helen Bartley  
3810 Edgewood Drive  
Vancouver, WA 98661  
360.896.7206 or 360.609.6141  
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www.seamdivas.com

**class registration for kids**

Child's name \_\_\_\_\_ Age \_\_\_\_\_

Parent or guardian name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Email \_\_\_\_\_

Class title \_\_\_\_\_ Fee \_\_\_\_\_

Date \_\_\_\_\_

Class title \_\_\_\_\_ Fee \_\_\_\_\_

Date \_\_\_\_\_

Total enclosed \_\_\_\_\_

*Make checks payable to: Seam Divas Sewing Lounge*

Credit Card # \_\_\_\_\_ Exp. date \_\_\_\_\_

Signature \_\_\_\_\_

May we add you to our email list? Yes \_\_\_\_\_ No \_\_\_\_\_

Do we have your permission to use class photos in our promotional materials?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any physical or medical condition (asthma, allergies, diabetes etc.) or take any medications we should be aware of?

Yes \_\_\_\_ No \_\_\_\_

If yes, please describe \_\_\_\_\_

If parent or guardian cannot be reached in an emergency, contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Individual, other than parent or guardian, authorized to pick up child from class:

Name \_\_\_\_\_ Phone \_\_\_\_\_

By signing this registration form, I am aware and agree that:

A) Some classes have off-site field trips. My child may ride in a vehicle with seat belts driven by a Seam Divas Sewing Lounge teacher.

B) My child will only be permitted to leave class with me or with someone I have authorized.

\_\_\_\_\_  
Signature of Parent or Guardian

Date \_\_\_\_\_