

Registration Form

Enrollment for Class \_\_\_\_\_

Location \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Name of Children Enrolling

Last \_\_\_\_\_ First \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_

Mailing Address

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number

Home \_\_\_\_\_

Business \_\_\_\_\_

\*Please provide a non mobile number that you may be reached in person during the day

Emergency Information and Contact

Name of Contact Person \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Phone Number at Time of Class \_\_\_\_\_

Does student have any food allergies? \_\_\_\_\_

If yes to above explain what are they allergic to and prescribed plan of care. \_\_\_\_\_

Is student diabetic? \_\_\_\_\_

Is student currently prescribed any medication or taking any over the counter medication? List Medications. \_\_\_\_\_

Are there any dietary restrictions or contraindications to medication?

\_\_\_\_\_

How were you introduced to Etiquette and Protocol with Patricia Devine? \_\_\_\_\_

\*Parents of minor students are required to remain on premises during their child's class time.

\* Parents are required to provide final oversight of any catering provision for special dietary needs or restrictions.

Date and Signature of Student or Guardian \_\_\_\_\_