



C.T. Seminars~Etiquette Consulting Children's Registration Form

Student #1 First _____ Last _____ M F Age _____ Birth date _____

Student #2 First _____ Last _____ M F Age _____ Birth date _____

Address: _____ City: _____

P.O. Box: _____

Email: _____

Mother's
First: _____ Last _____ Occupation: _____

Phone Numbers:
Home: _____ Work: _____ Cell: _____

Father's
First: _____ Last _____ Occupation: _____

Phone Numbers:
Home: _____ Work: _____ Cell: _____

If neither parent can be reached, in an emergency, please contact: Name: _____

Phone: _____ Relationship: _____

Please list any previous bodily injuries, allergies, medical, or special needs: _____

How did you hear about C.T. Seminar's ~ Etiquette Consulting? _____