



Express Yourself Studios
1877 Springfield Avenue
Maplewood, NJ 07040
973-763-5256
www.expressyourselfstudios.com

Registration Form

First: _____ Last: _____

Address: _____ City _____ State _____ Zip _____

Telephone _____ Email: _____

Parent/Guardian: _____ Allergies: _____

Emergency Contact: _____ Cell/Phone _____

First Choice: Class _____ Day/Time: _____

Second Choice: Class _____ Day/Time: _____

Third Choice: Class _____ Day/Time: _____

I give permission to have photos of myself/child taken during class which may or may not be used in future advertisements to promote Express Yourself Studios and/or to be featured on Express Yourself Studios' web site in the future. _____ Yes _____ No.

Signature: _____