



Register for Classes!

CLASS TITLE _____ DAY _____ TIME _____ CLASS FEE _____

STUDENT'S NAME _____ BIRTHDATE _____

NAME(S) OF PARENT(S) OR GUARDIAN(S) _____

ADDRESS _____

Telephone Numbers CELL _____ HOME _____
WORK _____ IN CASE OF EMERGENCY _____

E-MAIL ADDRESS(ES) _____

ALLERGIES AND OTHER PERTINENT MEDICAL INFORMATION _____

SIGNATURE OF PARENT(S) OR GUARDIAN(S) _____ DATE _____

Photography/Video Waiver I give permission to The Maker Farm to take photographs and videos of myself and/or my child while participating in a class, party, event or other activity at The Maker Farm to be used for business purposes online and in marketing materials.

PRINTEDNAME(S) _____

SIGNATURE OF PARENT(S) OR GUARDIAN(S) _____ DATE _____

Please make checks payable to "The Maker Farm"
Send check with form to: 5 GOULD RD. WESTFORD, MA 01886

Emily Piper

OWNER, ARTIST AND EDUCATOR
978 995 7002 | info@themakerfarm.com
www.themakerfarm.com