

# SEW TEACH ME

## Student Registration for Minor Children

Date of application: \_\_\_\_\_

Student Name: \_\_\_\_\_  
(Please Print)

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_  
(Please Print)

Email Address: \_\_\_\_\_

Preferred method of Communication (circle one):      Telephone      Text      Email

Days and times student is available within the next 2 to 3 months—please choose a day and a time as a first preference and a second preference:

- |          |         |       |     |     |     |           |     |
|----------|---------|-------|-----|-----|-----|-----------|-----|
| 1. _____ | Days →  | Mon   | Tue | Wed | Thu | Fri       | Sat |
| 2. _____ | Times → | 10–12 |     | 1–3 |     | 3:30–5:30 |     |

Name of a friend or a relative who would like to take a class with me (optional):

\_\_\_\_\_

I give my permission for \_\_\_\_\_ to take  
(Student Name—Please Print)  
sewing/quilting lessons at QuiltWorks.

I agree to:

- Drop off my child promptly for class
- Pick up my child promptly when class is finished (or call, in case of an emergency)
- Call the mentor if my child will be absent for a session

**Assumption of Risk:** I understand that the instruction provided by **SEW TEACH ME** may include activities that may be hazardous to my child, including, but not limited to, use of scissors, rotary cutters, irons and electric sewing machines. I agree to hold **SEW TEACH ME**, its Directors and Mentors harmless from claims or negligence, liability or expense of medical treatment for any injuries my child receives while participating in this program. I agree to allow **SEW TEACH ME** to share my telephone and email information with my child's mentor, for the purpose of communication.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_