



REGISTRATION FORM

Miss M's Finishing Touches Etiquette Program

STUDENT INFORMATION:

Name (First) _____ (Last) _____

Date of Birth ____/____/____ Age _____ Grade _____

PARENTAL INFORMATION:

Parent/Guardian Name: _____

Address

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____ Email Address _____

Emergency Contact Person (If Parent/Guardian not available)

Name & Relationship _____ Phone (____) _____

Individual(s) picking up student from program other than parent/guardian

Name _____ Relationship _____ Cell Phone (____) _____

Name _____ Relationship _____ Cell Phone (____) _____

Does your child have any health conditions (*e.g., allergies such as bee stings, etc.*), chronic conditions, fears, special diet, or special circumstances (*e.g. religious convictions, or legal arrangements*) which may affect program participation? NO YES - If yes, please explain:

Other information you feel Miss M's Finishing Touches should be aware of: such as use of an inhaler, or EpiPen, etc.

Signature: _____ Relationship: _____ Date: _____

PLEASE TYPE YOUR NAME



CODE OF CONDUCT AND DRESS

Please initial the following:

_____ City Girl Dresses or Skirts for classes

_____ Dressy Chic attire for the three-Course Dining Practicum Meal

_____ Denim, Gym Shoes, Flip-Flops, Boots or Spiked Heels are unacceptable

_____ Gum Chewing, Boisterous or Loud Behavior are unacceptable

Please send this form via email to
legacyofmissm@gmail.com

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this file to your computer.
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