



One Striped Bee ~ Creative Beginnings

First Name _____ Last Name _____

Phone Number _____ Grade _____

Gender _____

Email Address _____

Parent's Name _____ Cell Phone _____

Emergency contact (other than parents) Name of persons who may pick up this child from the class:

Name _____ Phone _____

Relationship _____

Is there anything you would like us to know about your child? _____

After class student will be picked up by:

- Parent _____
- Guardian _____
- Other _____

***Please, bring your registration form to the office with either cash or check in envelope payable to: Stephanie Seelig**

****Images: Any images and video captured during this event may be used to create promotional material and publications.**

If you would NOT like your child's picture used, please initial here _____

Any Questions, please contact Stephanie Seelig at Onestripedbee@gmail.com or 916-806-9687