

# Open Window Studio

## Contact Information

name of class:

dates of class:

location (please circle):    Comm. Mont.    Bear Creek    33rd St.    Heart&Hands

## Student Information

name of child:

age/d.o.b.:

allergies:

*Please make a note on the back of the form if there is anything else you*

## Parent/Gaurdian Information

Name:

Phone:

home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_  
(please indicate best number to reach you during class time)

Address:

Email:

## Emergency Contact Information

Name:

Phone:

**145 S. 33rd Street, Boulder, CO 80305**  
**303-499-0511    zekonis@hotmail.com**