

The Clay Studio

71 Myrtle Avenue
Montclair
NJ
07042
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theclaystudio@comcast.net

www.elizabethjacobs.com

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**Registration**

Students Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Cell: Mother \_\_\_\_\_ Father \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency contact \_\_\_\_\_

Doctor's Name & Phone \_\_\_\_\_

Class Day \_\_\_\_\_

## Parental Consent Release Form

I will not hold Elizabeth Smith Jacobs personally liable in any way for any accident incurred by my child at The Clay Studio. All precautions are taken to insure the safety and well being of your child.

\_\_\_\_\_/\_\_\_\_\_  
Parent / Guardian Signatures Date \_\_\_\_\_