



Perfecting Actions That Speak Louder Than Words

Enrollment Form

Class Name: _____ Date of Class: _____

Student Name: _____ Sex: M/F Age: _____

Parent Name: _____

Address: _____

Home Phone: _____ Cell: _____

e-mail Address: _____

Please List All Allergies and Reactions for Your Child:

Does your child require an EpiPen? _____ **Does the school have the EpiPen?** _____

I have read the class content and understand that my child is enrolled in the Etiquette Program. I have also read the food list and understand the foods that may be provided during some classes and have listed all allergy information for my child. I do not hold East Coast School of Protocol responsible for reactions my child may have for anything that, I as a parent, did not list on this form.

Parents Signature: _____ Date: _____

Please review and check the following:

☐ I have other children in grade(s):

- ☐ Pre-k and Kindergarten
- ☐ 1st to 5th
- ☐ 6th to 9th
- ☐ 10th to 12th
- ☐ College
- ☐ Networking Protocol
- ☐ Other

☐ I would like to receive information on other classes and programs East Coast School of Protocol has available for the groups above.