

*Robin Fryday*  
*Children's School of Photography*

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*San Anselmo, CA 94960*

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[www.robinfryday.com](http://www.robinfryday.com)

Name of Student \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Names of Parents or Guardians \_\_\_\_\_

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

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

Emergency Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

Medical Insurance Carrier and Number \_\_\_\_\_

Please check below which session(s) you are interested in.

Please indicate 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices.

**Summer sessions:**

- June 16-20**
- June 23-27**
- July 7-11**
- July 14-18**
- July 21-25**
- July 28-August 1**
- August 4-8**
- August 11-15**
- August 18-22**