

The Studio School of the Arts

REGISTRATION FORM

Registration Date _____ New Student _____ Returning Student _____

Student's Name _____ Birthday (MO/DA/YR) _____
Student's Name _____ Birthday (MO/DA/YR) _____
Student's Name _____ Birthday (MO/DA/YR) _____
Student's Name _____ Birthday (MO/DA/YR) _____

Father _____ Mother _____
Address _____

Telephone _____
(home) (work) (cell)

Parent's email _____

Emergency Contact & Phone Number _____

Personal Physician _____
Name Phone Number

Child's Name:	School Attending:	Grade:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please List Any Previous Dance Experience including Studio name:

How did you hear about The Studio? _____

For each Child, please list the day/time/teacher of the class you would like to request to register her/him for:

Child's Name:	Class/Day/Time:
_____	_____
_____	_____
_____	_____

Parents please read and sign below:

- I am responsible for payment of each month's tuition due on the 1st of each month, regardless of absences. To withdraw from a class, I will provide notice **prior** to the first of the month. I realize that I will receive no refund for classes I do not attend. I will be responsible for payment of all fees involving costumes and recital fees, as outlined in the parent handbook.
- I will abide by all policies of The Studio and release The Studio and Trinity Christian Fellowship of any responsibility for injury incurred on the premises or at functions held at other locations.
- In case of emergency, I give permission for The Studio and Trinity Christian Fellowship to seek medical treatment at the nearest medical facility.

Signed _____ Date _____
(parent with legal ability to sign)