



Parent/Guardian Last Name 1: _____
Parent/Guardian Last Name 2: _____

Date of Registration: _____
Update: _____

Student & Class/Show Registration 2018 - 2019

— Please print and fill out one page for each student —

Student: _____ Date of Birth: _____
Student Email: _____
Student Cell Phone #: _____

Session: _____
Date: _____

Class/Show: _____ Days/Time: _____ Tuition: \$ _____ Script: \$ _____
Class/Show: _____ Days/Time: _____ Tuition: \$ _____ Script: \$ _____
Class/Show: _____ Days/Time: _____ Tuition: \$ _____ Script: \$ _____
Class/Show: _____ Days/Time: _____ Tuition: \$ _____ Script: \$ _____
Class/Show: _____ Days/Time: _____ Tuition: \$ _____ Script: \$ _____

Total \$ _____

Paid \$ _____

Please list any relevant health problems, allergies, or learning disabilities:

Please list any medication being taken that we should know about:

Is there anything else you would like us to know?

Parent Signature: _____ Date: _____