

Student Registration

(Please fill out one form for each student. Thank you!)

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 \$ _____

Health Information

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?

Signature of Parent/Guardian: _____

Date: _____