



**Registration Form**

**Billing Name:** \_\_\_\_\_ **Registration Date** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip/Postal:** \_\_\_\_\_

**Parent 1:** \_\_\_\_\_ **Parent 1 Cell:** \_\_\_\_\_

**Parent 2:** \_\_\_\_\_ **Parent 2 Cell:** \_\_\_\_\_

**\*\*We are now implementing text message updates. These texts are not monitored and replies are not received; this is strictly studio information. The cell number listed under Parent 1 Cell will be the recipient of these texts.**

**Email:** \_\_\_\_\_ (Please list a working, regularly checked email address here – we send many updates/correspondance via email)

**Emergency Contact:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Current Age** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip/Postal:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Medical Info:** \_\_\_\_\_

**Dr. Name:** \_\_\_\_\_ **Dr. Phone:** \_\_\_\_\_

Day / Time	Class	Level	Tuition

**Amount Due:** \_\_\_\_\_