

Registration Form



Student Information

Student Name _____ Date of Birth _____
Home Address _____ City/ State/ Zip Code _____
Home Phone (_____) _____

Guardian Information

Parent/Guardian 1 Name _____ Relationship to Student _____
Daytime Phone _____ Preferred E-Mail _____

Parent/Guardian 2 Name _____ Relationship to Student _____
Daytime Phone _____ Preferred E-Mail _____

Who is the individual responsible for scheduling and billing purposes? _____

Special Needs

Does your child have any special needs I should be aware of? YES NO
If YES, please explain _____

Tuition _____
Amount Paid _____
Balance Due _____
Installment Payment _____
Payment Method _____

Please read the studio policy carefully before signing the following:

I understand and accept all terms and conditions outlined in the studio policy.

Signature _____ Date _____

Lesson day and time: _____ Length _____

Please detach below and retain for your records.

Lesson day and time: _____ Length _____

Tuition	\$
Amount Paid	\$
Balance Due	\$
Payment Method	