



REGISTRATION FORM

(PLEASE PRINT)

How Did You Hear About Stage Door Studios? -

Number Of Students To Be Enrolled On This Account: _____

ACCOUNT INFORMATION (Name of Parent/Guardian)

Last Name _____ First Name _____

Street Address

Phone Number _____ E-Mail Address _____

City _____ State _____ Zip Code _____

Your Place Of Employment Phone Number _____

Cell Number _____

Name Of Spouse _____ Phone Number _____

Cell Number _____

Emergency Contact Person /Phone Number _____

Cell Number _____

STUDENT INFORMATION

Last Name _____ First Name _____

Street Address (IF Different From Above) _____

Phone Number _____

Birthday (MM/DD/YR) _____

School Grade _____

Does the student(s) have any medical problems we should be aware of?

Class signed up for:

Please read and sign the following:

By signing this form you agree and understand the terms and rules of Stage Door Studios. You agree to pay tuition and all fees by the 10th of each month and any money not turned in by its deadline will have a \$15 late fee added. You also understand that if your check is returned for any reason, you will owe that money plus a \$35 return check fee. If at anytime your child will not be coming back to classes, you MUST fill out a drop form to make room in the class for other students, all money is still due until this is done. Activities at Stage Door Studios are physical and with all physical activities injuries are possible, you understand and will not hold Stage Door Studios or anyone in it responsible for any injury or loss that may occur. When sending your child to Stage Door Studios you understand that they are covered by your own insurance and will not hold Stage Door Studios responsible. By signing this you give your child permission to participate at Stage Door Studios and allow their name and/or photos to be used for ads, display or studio use.

I do hereby allow _____ to fully participate in this program

Parent/Guardian Signature _____

Date _____

Physician's Name/ Number _____