



## Registration Form

### Student Information

**\$30.00 Fee Paid:** \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ Years Experience: \_\_\_\_\_

### Parent or Guardian: (if different from Child)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Name and Number of who to Contact for Emergency or Cancellation

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear of the "Studio of Performing Arts"?

\_\_\_\_\_

*By signing, I indicate I have read and understand the billing procedures to be used and I agree to said terms, including your right to suspend lessons to my child in the event of non-payment of fees for more than 60 days.*

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*By signing, I hereby give my permission for my child to participate in the dance lessons and or program and hereby waive and release any claim of liability for damage or injury caused during participation, unless the injury is the result of intended and willful conduct.*

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**I look forward to the upcoming year. If you have any questions or concerns during the year, do not hesitate to contact me.**

**Jeanne Dion Arsenault  
Director & Owner**