



REGISTRATION FORM

2011/2012
(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 (Parent) _____ First Name (Parent) _____

Street Address

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Number _____

E-Mail Address _____

Your Place Of Employment Phone Number _____

Other Parent's Name _____

Home Phone Number _____ Cell Number _____

List two Emergency Contact Persons /Phone Number:

1. _____
Name Contact #

2. _____
Name Contact #

STUDENT INFORMATION

Last Name _____ First Name _____ Age _____ D.O.B _____

Last Name _____ First Name _____ Age _____ D.O.B _____

Last Name _____ First Name _____ Age _____ D.O.B _____

School/Grade _____

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

Class Name: _____ Class Day/Time: _____

Class Name: _____ Class Day/Time: _____

Class Name: _____ Class Day/Time: _____

Please list people authorized to take your child from our facility:

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 15th 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 any time your child will not be coming back to classes, you MUST fill out a drop form and notify the office to make room in the class for other students, all money is still due until this is done. All monies paid in advance are non-refundable. 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. I give Stage Door Studios permission to consult the physician named below (or the health resource) in case of an emergency if I cannot be reached. I also accept the responsibility for the cost of the above medical services. 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.

Photography Release: I hereby give permission to Stage Door Studio/preschool to use images of my child for advertising and promotion of their business.

I do hereby allow _____ to fully participate in this program.
(Child's name)

Parent/Guardian Signature _____ Date _____

Physician's Name/ Number _____

Hospital of choice: _____

All monies paid in advance are NON- refundable