

Stapleton School of Performing Arts 2008/09 Registration Card/Emergency Information

Please print: Student Name _____ DOB _____ M F

Address: _____ School _____ 08/09 Grade _____

Mailing Address (if different from above) _____

Email Address _____ Do you check email regularly? Yes No

Parent(s) or Guardian(s) with whom student resides:

Phone Numbers:

Mother/Parent 1 Name: _____ Parent 1 home ph#: _____

Address (if different from above): _____ Parent 1 work ph#: _____
Parent 1 cell/ pager: _____

Father/Parent 2 Name: _____ Parent 2 home ph#: _____

Address (if different from above): _____ Parent 2 work ph#: _____
Parent 2 cell/ pager: _____

Student resides with: Both parents Single Parent Guardian Foster Parent

Name and address of parent, not residing with student, who would like to receive school mailings, invoices, newsletters, etc.

Name _____ Address _____

PLEASE CHOOSE YOUR CLASS CAREFULLY! After first change there will be a \$25 transfer fee.

Class Name _____ Selected Day: _____ Time: _____

2nd choice (in the event the above class is full):

Day: _____ Time: _____

YOUTH COMPANY PACKAGES (Please list your selected technique class(es) above and below)

<input type="checkbox"/> APPRENTICE COMPANY Ballet 2/3/4 \$370	<input type="checkbox"/> PRE JUNIOR COMPANY Ballet 5/6 \$450	<input type="checkbox"/> JUNIOR COMPANY Ballet 6/Adv. 1 \$595	<input type="checkbox"/> SENIOR COMPANY Adv. 1/2/3 \$755
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Add't Class: _____ Day/Time: _____ Add't Class: _____ Day/Time: _____

Add't Class: _____ Day/Time: _____ Add't Class: _____ Day/Time: _____

Note: Ballet 5 and up are recommended to take 2 classes per week; Advanced should take as many classes per week as possible.

Total Tuition: _____ Plus Reg Fee \$35 TOTAL AMOUNT DUE: _____

If you wish to pay by Mastercard/Visa, you must fill out the enclosed credit card payment authorization form.

I AGREE TO:

1. Drop off and pick up children on the south side of Greenfield in front of the studio, or park in legal spaces on Greenfield and accompany any child under 9 years of age to studio.
2. NOT make any U-turns, nor use the driveway as a turn around.
3. NOT double park or park illegally in any way.
4. NOT use any private parking (e.g. Matteucci's), or parking that is designated for other Greenfield Ave. merchants.

I have read the conditions above and agree to adhere to these traffic safety rules. In addition, I hereby agree to indemnify and hold harmless the Stapleton School of the Performing Arts, and its officers, contractors and employees, and any community organization co-sponsoring the program, from and against any and all liability for any injury which may be suffered by me or my child, arising out of, or in any way connected with participation in the program named above. In case of emergency, my child may be treated by a qualified physician. Photographs of my child in class or performing may be used by the Stapleton School. Signature below acknowledges compliance with all rules and procedures as outlined in the 2008/09 registration packet.

PARENT SIGNATURE/DATE _____