



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 _____
Cell Phone _____ Preferred E-Mail _____

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

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

Special Needs

Does your child have any special needs of which we should be aware? YES NO

If YES, please explain _____

Referral Program

Referring student or family's name: _____

Please read the Academy policy carefully before signing the following:

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

Signature _____ Date _____

Class _____ Day/Time _____ Total: \$ _____

Class _____ Day/Time _____ Total: \$ _____

Class _____ Day/Time _____ Total: \$ _____

Lesson Day/Time: _____ Length _____ Instructor _____ Total: \$ _____

Tuition _____
Registration fee _____
Discount _____
Amount Paid _____
Balance Due _____
Payment Method _____