

**STUDIO M - Registration Form**

Student's name (Last, first):	
Address (Street and City):	
Birth date:	
Parents'/Guardians' names:	
Home phone:	Work/Emergency:
Cell phone:	<b>E-mail:</b>
Heard about us: friend, internet, driving by..	
Medical conditions of student that we should be aware of:	
I allow Studio M to use my child's name or photo in all forms of media for advertising or any other lawful purpose.	
Please initial:      Yes, I agree _____      No, I decline _____	
<b>Please read and initial the following:</b> _____ I acknowledge that a \$10.00 registration fee is due for each child being registered and must be paid at the time of registration. _____ The Studio does not mail information or billing statements. I am responsible to check the bulletin board in the waiting area for information regarding classes, recital, etc. _____ Tuition is due on or prior to the 1st of each month; costume deposits are due in September and December and will be refunded if my child withdraws from classes prior to December 15. A \$30.00 charge will be assessed for returned checks. A \$5.00 late fee assessed if tuition is not received by the 2nd lesson of each month. _____ Students are registered for the entire school year, beginning in September and ending in May. Unless my child is removed from classes by signing a Class Withdrawal Form, I am responsible for all tuition payments through May. Unless the Studio is informed otherwise, it is expected that the student will participate in the May recital. _____ There will be no credit/refund for missed classes, but make-up classes are allowed. <b>The ONLY holidays the Studio is closed are: Labor Day (Monday), Thanksgiving (Wed,Thu,Fri), Xmas break (MC Schools calendar), and Spring break (MC Schools calendar).</b> Check the Studio calendar if unsure. When MC schools cancel due to the weather, classes are canceled and may be made up.	

I agree to the above, and to abide by Studio Policies, a copy of which has been made available to me. I will not hold the Studio or staff responsible for any personal injury or property loss.

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

Class choice (day & time): \_\_\_\_\_