



S★T★A★R★ Summer Program

Shaping Talented Artists on the Rise

REGISTRATION FORM

STUDENT INFORMATION

| | | | | | |
|--------------------------|--|----------------|----------------|---|-------------|
| Student Name: | | | | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Address: | | Apt# | City: | | State: Zip: |
| Day Phone: | | Evening Phone: | | Alternate Phone: | |
| Height: feet inches | | Hair Color: | Eye Color: | Primary Area of Interest: <input type="checkbox"/> Acting <input type="checkbox"/> Dance <input type="checkbox"/> Singing <input type="checkbox"/> Technical | |
| Experience and Training: | | | | | |
| | | | | | |
| Last School Attended: | | | Email Address: | | |

PARENT/GUARDIAN INFORMATION

| | | | | | |
|---|----------|-------|----------------|--------------|-------------|
| Parent(s) or Guardian's Name: | | | | Relationship | |
| Address (if different from student): | | Apt# | City: | | State: Zip: |
| List telephone numbers and email where parents/guardian can be reached while student will be in care: | Day: | | Work: | | Cell: |
| | Evening: | | Email Address: | | |
| Give the name(s) of person to call <i>in case of an emergency</i> if parent's/guardian cannot be reached: | | | | | |
| Name | | Phone | | Relationship | |
| | | | | | |
| | | | | | |

MEDICAL CONTACT INFORMATION

| | | |
|-------------------|----------|--------|
| Physician's Name: | Address: | Phone: |
|-------------------|----------|--------|

Acknowledgement

I hereby grant Stage Presence Performing Arts Studio permission to use, publish, and display for any legal purposes in order to provide information about SPPAS, any or all photographs, videos, or descriptive text in which I or the Minor(s) whom I am responsible appear(s).

Payment Policy: Tuition is non-refundable. Tuition/fees will not be pro-rated for absences, including those due to vacation or disciplinary action.

_____ Printed Name _____ Signature _____ Date

PLEASE ATTACH A PHOTO TO THIS APPLICATION.

For Office Use Only

| | | |
|---|--------------------|--|
| Date: _____ | Received by: _____ | School: _____ |
| <input type="checkbox"/> Completed Registration Form | ___Cash | Additional Information: _____ _____ _____ |
| <input type="checkbox"/> \$25 Registration Fee | ___Check | |
| <input type="checkbox"/> \$100 Deposit (applied toward tuition) | ___MO | |
| <input type="checkbox"/> Balance due July 5 | ___Credit Card | |
| <input type="checkbox"/> Paid in Full | | |