

The Studio

2010 2011 Registration

School location:(please circle) Courthouse Jackson Academy Madison Ridgeland Academy

Dancer's Name : _____ Age: _____ Birthday : _____

Parent's Name: _____

Address: _____

City, State, Zip _____

Home Phone: _____ Mother's Cell _____ Father's Cell _____

Mother's Place of Employment: _____

Mother's work number: _____

Father's Place of Employment: _____

Father's Work number: _____

Email Address: _____

Classes: _____ Day/Time: _____

I do not hold The Studio, Rivers Walker or anyone affiliated with the school responsible for injuries sustained during the normal course of class. I also agree to pay monthly tuition of _____ for 91/2 months of classes as well as _____ for costumes and a \$40 Revue fee due in March unless formally withdrawing from class through The Studio office. All fees are non-refundable.

Parent signature: _____

Registration Fee included: Amount: _____ Check #: _____ cash _____

Permission to photograph your child for use in Studio emails and literature: yes no

Please return with the \$30 registration fee to: Rivers Walker 144 Brae Burn Drive Jackson, Ms. 39211