



2009 – 10 Class Enrollment Form

First Student Name: _____ Age: _____ Birthday: _____

Second Student Name: _____ Age: _____ Birthday: _____

Parent Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

How did you hear about ArtsCaravan? _____

Please write about any medical issues or learning differences, we should be aware of, on back of this form.

STUDENT NAME	CLASS	DAY & TIME	TUITION AMOUNT
_____ 1.	_____	_____	_____
_____ 2.	_____	_____	_____
_____ 3.	_____	_____	_____
_____ 4.	_____	_____	_____
_____ 5.	_____	_____	_____
_____ 6.	_____	_____	_____

Tuition Total (add lines 1-6) _____

Plus Registration Fee (\$25 per Student) _____

Plus Per Class Costume fee (Age 10+ \$75.00, Age 9 and under \$65.00) _____

TOTAL DUE: _____

Liability Waiver: I realize that any program, such as ArtsCaravan Performing Arts Studio classes and workshops, which involves movement and motion can result in physical injury. I permit my child, or myself, to participate and release ArtsCaravan Performing Arts Studio, its owners, instructors and staff from all liability for injury to my child, or myself, from participation in this program.

Parent or legal guardian's signature: _____ Date: _____

ArtsCaravan refund policy: If a student drops out of a class, prorated refunds will be made through the third week of classes. After the third week no refunds will be made. Registration fees are not refundable. All requests for refunds must be received in writing.

For office use: BK _____ NU _____ DT _____ INT _____