

Account Last Name		First Name		Address:			
City	Zip	Home Telephone		Cell Phone		Main Email	
Mother's Place of Work				Work Phone		Fax Number	
Father's Name		Father's Business		Home Phone (if different)		Work Phone	Cellphone
Emergency Contact			Telephone		Cell Phone/Other		
Where did you hear about us? Newspaper/Yellow Pages/Friend/Website/other							

Student #1 First Name		Last Name		Birth Date	School		Grade	Email
Previous Performing Arts Training (Including Atlantic Arts) - Number of Years (Please be specific)								
Medical Conditions?				Doctor's Name		Telephone		
Class	Day	Time	Lgth	Class	Day	Time	Lgth	
Class	Day	Time	Lgth	Class	Day	Time	Lgth	
Class	Day	Time	Lgth	Class	Day	Time	Lgth	
Class	Day	Time	Lgth	Class	Day	Time	Lgth	

Student #2 First Name		Last Name		Birth Date	School		Grade	Email
Previous Performing Arts Training (Including Atlantic Arts) - Number of Years (Please be specific)								
Medical Conditions?				Doctor's Name		Telephone		
Class	Day	Time	Lgth	Class	Day	Time	Lgth	
Class	Day	Time	Lgth	Class	Day	Time	Lgth	

Please Note: I agree that any photography and or video-tape taken during class or school activities may be used by Atlantic Arts for publicity purposes. I have read and agreed to all terms and conditions of policies and procedures and agree to all tuition payment methods and class participation guidelines.

 Parent/Guardian/Adult Student Signature Date Registered **Participating In Year End Show :** _____ (Please Initial)

Office Only: Payment Method (Check One)	
1) Credit/Debit _____ (Fill out attached Credit Card Info Form and Return)	2) Cash/Check _____ (Must Be Payment In Full)
Total Yearly Tuition: _____ No. of Installments _____	Monthly Tuition: \$ _____
Registration \$45 /\$15 (additional family members _____)	Registration Fee: \$ _____
No. of Costumes _____ @ \$25 per class	Costume Fee: \$ _____
No. of Materials Fee _____ @ 15 per student	Materials Fee: \$ _____
	Total Paid: _____