

the

studio

3647 S. Manhattan Avenue
Tampa, Florida 33629
813.699.0216
www.thestudiosouthtampa.com

REGISTRATION FORM 2015-2016

Please print.

Student Name _____ Nickname _____

School _____ DOB _____ Age _____

Mother's Name _____

Father's Name _____

Home Address _____

Contact No _____

Email Address _____

CLASS PREFERENCE

\$112.00 monthly Private Piano _____ Private Guitar _____ Private Voice _____

\$100.00 monthly Musical Theatre _____ Showstoppers _____

\$120.00 per session Group Piano _____ Group Guitar _____

- I give permission for my child to be photographed and/or videotaped for promotional purposes.
- I agree to pay the tuition fees by the 1st lesson of every month. There is a \$20 late fee after the 2nd class without payment.
- I understand that I am responsible for a \$35 insufficient funds fee for all returned checks.
- I am able to discontinue my payment obligations to The Studio after providing one month's notice.
- Missed or cancelled lessons with out 24 hours notice will not be rescheduled or made up.
- I waive, release, and discharge any and all rights and claims for loss, damages, or injury to my child's person or property from the performance or failure of performance of The Studio and its representatives, successors, and assigns.

Parents Signature: _____ Date: _____

Studio Use Only

Registration Fee: _____ Monthly Tuition: _____ Class Time: _____ Owner Initials: _____