



3811 S. Manhattan Ave, Tampa Fl 33611
www.thestudioouthtampa.com
813.699.0214

REGISTRATION FORM 2022-2023

Student Name: _____ Nickname: _____

School: _____ Grade: _____ Age: _____

Parent's Name/s: _____

Address: _____

Contact No.: _____ E-mail Address: _____

CLASS/LESSON PREFERENCE

Musical Theater _____ Group Guitar _____ Guitar/Ukulele _____

Private Voice _____ Private Piano _____ Private Guitar _____

Showstoppers _____ Monday Music Club _____ Acting Up! Class _____

Class Tuition Information (on the back of this form)

Private Instruction (1/2 hour \$34 per)/ Instrument: _____

- 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 of every month. There is a \$20 late fee after the 7th.
- I understand that I am responsible for a \$35 insufficient funds fee for all returned checks.
- I can discontinue my payment obligations to The Studio after providing one month's notice and fees.
- 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. Parent Initial _____

Parent's Signature: _____

Date: _____ For Studio Use Only:(Indicate dates and payment)

Registration Fee: _____ Monthly Tuition: _____ ACH Form on File: _____

Complete the Back of this Registration Form

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN. All information will remain confidential

Name on Card: _____

Billing Address: _____

Zip code: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

I authorize **Ernesta Chicklowski, LLC (The Studio of South Tampa)** to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.



Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Monthly Tuition/Fees

- | | | |
|--|--|--|
| <input type="checkbox"/> Private Lessons: \$136.00 | <input type="checkbox"/> Musical Theatre: \$125.00 | <input type="checkbox"/> Monday Music Club: \$115.00 |
| <input type="checkbox"/> Acting Up! \$115.00 | <input type="checkbox"/> Showstoppers \$115.00 | <input type="checkbox"/> ½ Hour Private Lesson \$34.00 |

For Studio Use Only

<u>Date Charged</u>	<u>Amount</u>	<u>Class Name</u>	<u>Date Charged</u>	<u>Amount</u>	<u>Class Name</u>
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