



4235 W El Prado Blvd, Tampa FL 33629
www.thestudiosouthtampa.com
813.699.0214

REGISTRATION FORM 2023-2024

Student Name: _____ Nickname: _____
School: _____ Grade: _____ Age: _____
Mother's Name: _____ Father's Name: _____
Address: _____
Contact No.: _____ E-mail Address: _____

CLASS/LESSON PREFERENCE

Musical Theater _____ Acting Up! _____ Monday Music Club _____
Private Voice _____ Private Piano _____ Private Guitar _____
Showstoppers/Juniors _____ Thursday Music Club _____

Annual Studio Registration Fee \$20 (Payable to: The Studio)

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

- Visit www.thestudiosouthtampa.com to see rates for classes and lessons
- I give permission for my child to be photographed and/or videotaped for promotional purposes.
- A Credit-Card Authorization form must be kept on file for classes and lessons payment. Complete the back of this registration form.
- 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 am able to 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: _____ Forms Collected: _____

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: _____

CVC: _____ (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.

Signature: _____

Date: _____

Printed Name _____

Monthly Payment Log