



4235 W. El Prado Blvd. Tampa, Florida 33629  
813-699-0214  
www.thestudiosouthtampa.com

## REGISTRATION FORM 2024-2025

Student's Name \_\_\_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Parent's Names \_\_\_\_\_

Address \_\_\_\_\_

Contact No. \_\_\_\_\_ Email \_\_\_\_\_

### CLASS/LESSON PREFERENCE

Private Piano \_\_\_\_\_ Private Voice \_\_\_\_\_ Private Guitar \_\_\_\_\_

Musical Theatre \_\_\_\_\_ Monday Music Club \_\_\_\_\_ Group Guitar \_\_\_\_\_

Showstoppers/Juniors \_\_\_\_\_

### IMPORTANT INFORMATION

- A \$20 Annual Studio Registration Fee is payable to The Studio of South Tampa.
- Visit [www.thestudiosouthtampa.com](http://www.thestudiosouthtampa.com) to view rates for classes and lessons.
- I authorize my child to be photographed and/or videotaped for promotional purposes.
- A valid Credit-Card Authorization form must be kept on record for payment of classes and lessons.
- Please complete the back of this registration form.
- I agree to submit tuition fees by the 1st of each month, with a \$20 late fee applicable after the 7th.
- I acknowledge that I will be charged a \$35 insufficient funds fee for any returned checks.
- I can cease payment obligations to The Studio after giving one month's notice and fees.
- I release any rights and claims for loss, damages, or injury to my child's person or property resulting from The Studio's performance or lack thereof, along with its representatives, successors, and assigns.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Authorization for Credit Card Use

. All information will remain confidential



Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Credit Card Type: VISA      MASTERCARD      DISCOVER      AmEx

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV: \_\_\_\_\_ (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 Records**