



3811 S Manhattan Ave, Tampa Fl. 33611
thestudiosouthtampa@gmail.com
813.699.0214

REGISTRATION FORM 2018-2019

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

CLASS/LESSON PREFERENCE

Musical Theater _____ Group Guitar _____ Group Piano _____
Private Voice _____ Private Piano _____ Private Guitar/Ukulele _____
Summer Camp _____ Specialty Class _____ Showstoppers/Juniors _____

- Class Tuition: \$100.00 for group instruction and \$120 (\$30 per session) monthly for private lessons.
 - 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 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 _____

Parents Signature: _____ Date: _____

For Studio Use Only:(Indicate dates and payment)

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