



2010-2011 **Stars Studio** REGISTRATION FORM

Student's Name: _____ Age: _____ Date of Birth: _____

Parent's Name(s): _____

Mailing Address: _____

City State Zip

Home Phone # _____ Cell Phone # _____

Work Phone# _____ E-Mail Address _____

*****For Office Use Only*****

Class Schedule: _____

Agreed Monthly/Quarterly Tuition: _____ Payment Policy Signed _____ Recital: Yes No

SEPTEMBER	OCTOBER	NOVEMBER

DECEMBER	JANUARY	FEBRUARY

MARCH	APRIL	MAY

JUNE

REGISTRATION FEE	PRODUCTION FEE	TOTAL COSTUME	COSTUME DEPOSIT	COSTUME BALANCE

RECITAL PAYMENTS

SEPT		FEB	
OCT		MAR	
NOV		APR	
DEC		MAY	
JAN		JUNE	