



2011-2012 **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 25%		

REGISTRATION FEE	PRODUCTION FEE \$80.00	TOTAL COSTUME	COSTUME DEPOSIT 11/1/11	COSTUME BALANCE 3/15/11

RECITAL PAYMENTS

	DATE	AMOUNT	METHOD		DATE	AMOUNT	METHOD
SEPT				FEB			
OCT				MAR			
NOV				APR			
DEC				MAY			
JAN				JUNE			