



**2010 – 11 Enrollment Form**

First Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Second Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ **Email:** \_\_\_\_\_

How did you hear about ArtsCaravan? \_\_\_\_\_

**Please, write about any medical issues or learning differences, we should be aware of, on back of this form.**

STUDENT NAME	CLASS	DAY & TIME	TUITION AMOUNT
_____ 1.	_____	_____	_____
_____ 2.	_____	_____	_____
_____ 3.	_____	_____	_____
_____ 4.	_____	_____	_____
_____ 5.	_____	_____	_____
_____ 6.	_____	_____	_____

Tuition Total (add lines 1-6) \_\_\_\_\_

Registration Fee (\$30 per Student per School Year) \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_

**The costume houses have not released their 2011 prices. Therefore Costume Fees will be assessed second semester.**

**Liability Waiver:** I realize that any program, such as ArtsCaravan Performing Arts Studio classes and workshops, which involves movement and motion can result in physical injury. I permit my child, or myself, to participate and release ArtsCaravan Performing Arts Studio, its owners, instructors and staff from all liability for injury to my child, or myself, from participation in this program.

Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ArtsCaravan Refund Policy:** If a student drops out of a class, prorated refunds will be made through the third week of classes. **After the third week no refunds will be made.** Registration fees are not refundable. All requests for refunds must be made in writing.

For office use: BK \_\_\_\_\_ NU \_\_\_\_\_ AM \_\_\_\_\_ DT \_\_\_\_\_ INT \_\_\_\_\_