

## 2011—2012 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? \_\_\_\_\_

Any **Medical Issues or Learning Differences**? No \_\_\_ Yes \_\_\_ If Yes, please, explain on the back of this form.

STUDENT NAME	CLASS	DAY & TIME	TUITION AMOUNT
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_____ 1.			
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_____ 2.			
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_____ 3.			
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_____ 4.			
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_____ 5.			
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_____ 6.			
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Tuition Total (add lines 1-6) \_\_\_\_\_

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

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

**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 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. I permit my child, or myself, to participate.

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 \_\_\_\_\_