

**Westside Studio of Performing Arts Registration Form**

Parent Name: \_\_\_\_\_ Parent 2: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell 1: \_\_\_\_\_ Cell 2: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Name	Birthdate	Class	Day	Time	Tuition	Prod Fee

I have read the registration information and understand the school's policies as outlined. I understand that I am responsible for tuition payments as described. I certify that I or my child am in good health and capable of participation in all school activities and classes. I hereby give permission for Westside Studio of Performing Arts to take photographs for promotional uses for the school. I agree to pay any attorney fees and/or collection costs if my bill is not paid by the due date.

Signature: \_\_\_\_\_

Office Use Only: Amt Pd \_\_\_\_\_ Cash CK CC # \_\_\_\_\_

<b>Sub Total</b>	_____
<b>Discount</b>	_____
<b>Sub Total</b>	_____
<b>Prod. Fee Total</b>	_____ ←
<b>Office Fee</b>	\$10.00 if not pd in full
<b>TOTAL</b>	_____