

Westside Studio of Performing Arts Registration Form

PARENT NAME: _____ PARENT 2: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ HM. PHONE: _____ CELL: _____

STUDENT NAME: _____ BIRTH DATE: _____

SCHOOL ATTENDING: _____ GRADE: _____

MEDICAL INFO: _____

CLASS	LEVEL	DAY	TIME	TUITION

Take advantage of our special pricing for families or serious students		
	Carte Blanche	\$998
	Family Carte Blanche	\$2,000

This application must be signed for admission to Westside Studio. 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 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.

Parent/Guardian Signature

Sub-Total:	
Discount:	
Sub-Total:	
Reg. Off Fee:	\$10
Total:	

Office Use Only: Date Received: _____ Amount Paid: _____ Cash Check Credit Card