

SERENDIPITY ACTING STUDIO REGISTRATION FORM

Parent's Names _____

Address: _____

Phone: Home _____

Email: Home _____

Parent email: _____

Parent 1 Work: _____ Parent 1 work phone: _____

Parent 2 Work: _____ Parent 2 work phone: _____

Marital Status: ___ Single ___ Married ___ Divorced ___ Widowed

Student Name: _____

First Last Girl/Boy Age Grade Birthdate

Student email: _____ Student cell: _____

Student Name: _____

First Last Girl/Boy Age Grade Birthdate

Student email: _____ Student cell: _____

Student Name: _____

First Last Girl/Boy Age Grade Birthdate

Student email: _____ Student cell: _____

Emergency contact (other than parents): _____

Name Phone

Please list any scheduling conflicts:

CHECKLIST TO REGISTER:

___ Registration form

___ Registration fee (non-refundable \$25 per student, not to exceed \$50 per family)

___ Liability form (new copy required each year)

___ Showcase Commitment Form

If you wish you can pay for the entire year now at a savings

FULL YEAR PAYMENT OPTION:

\$25 registration fee, \$50 monthly tuition (\$30 monthly tuition 4/5YO class), \$55 Showcase fee

LUMP SUM PAYMENT at 5% DISCOUNT - \$503.50

LUMP SUM PAYMENT FOR 4/5 YO CLASS - \$332.50

LUMP SUM PAYMENT FOR DIRECTING/STAGE MANAGER STUDENT - \$465.50

Please mail form to:

SERENDIPITY ACTING STUDIO/Walsh Productions LLC

425 Hwy 30 West, Suite 310

Carroll, Iowa 51401