



Account Last Name		First Name		Address:						
City		Zip		Home Telephone		Cell Phone		Main Email		
Mother's Place of Work				Work Phone			Fax Number			
Father's Name			Father's Business			Home Phone (if different)		Work Phone		Cellphone
Emergency Contact			Telephone		Cell Phone/Other					
Where did you hear about us? Newspaper/Yellow Pages/Friend/Website/other										

Student #1 First Name		Last Name		Birth Date	School			Grade	Email	
Previous Performing Arts Training (Including Atlantic Arts) - Number of Years (Please be specific)										
Medical Conditions?				Doctor's Name			Telephone			
Class		Day	Time	Lgth	Class		Day	Time	Lgth	
Class		Day	Time	Lgth	Class		Day	Time	Lgth	
Class		Day	Time	Lgth	Class		Day	Time	Lgth	
Class		Day	Time	Lgth	Class		Day	Time	Lgth	

Student #2 First Name		Last Name		Birth Date	School			Grade	Email	
Previous Performing Arts Training (Including Atlantic Arts) - Number of Years (Please be specific)										
Medical Conditions?				Doctor's Name			Telephone			
Class		Day	Time	Lgth	Class		Day	Time	Lgth	
Class		Day	Time	Lgth	Class		Day	Time	Lgth	

Please Note: I agree that any photography and or video-tape taken during class or school activities may be used by Atlantic Arts for publicity purposes. I have read and agreed to all terms and conditions of policies and procedures and agree to all tuition payment methods and class participation guidelines.

 Parent/Guardian/Adult Student Signature

 Date Registered

Office Only: Payment Method (Check One)		
1) Credit/Debit ____ (Fill out attached Credit Card Info Form and Return)		2) Cash/Check ____ (Must Be Payment In Full)
		Check #: _____
Total Yearly Tuition: _____		Monthly Installment: _____
Reg Fee Paid: \$45 / \$60 (family)		Costume Fee Paid: _____ (\$25/class) TOTAL Paid: _____