

The ARTS Company Student Contact Information
Please notify us if any information changes during the year.
Please Mail this form and the Medical Release Form to: The
ARTS Company/ P.O. Box 83/ Faison, NC 28341

Name of Student(s) _____

Date of Birth (If under 18 yrs of age) _____

Age _____ Email Address **Please keep this current, as we send studio information via email**

Mailing Address _____

City _____ Zip _____ Home Phone

_____ Cell Information:

Name _____ Cell

Person to contact in case of emergency _____

Home # _____ Cell # _____

Please list any allergies below: Please list any medical conditions that we need to be aware of below:

Class Day/Time Price Total

Registration fee \$ 25.00 _____

Recital Fee \$30 Due by April 15th

Tuition Total: