

The ARTS Company Student Contact Information
Please notify us if any information changes during the year.
Please return this form with the Medical Release and Policy
Form to: The ARTS Company

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

Registration fee \$ 30.00 _____

Recital Fee \$30 Due by April 15

Tuition Total: