



STUDENT REGISTRATION FORM

Child's Name: _____ Date of Birth: _____ Age: _____

Home Phone: _____

Mother's Name: _____ Work/Cell Phone: _____

Father's Name: _____ Work/Cell Phone: _____

Mailing Address: _____ City _____ ZIP _____

Email Address (required): _____

Emergency Contact & Relationship: _____

Best way to reach you:

- Home phone Cell Phone Text Message Email Any

Updates will be done through email. Please be sure to check your email before every rehearsal.

By enrolling my child in Performing Arts at Calvary I allow my child to participate in all class and performance activities. I understand that the performing arts are disciplines that require commitment. I will do my utmost to ensure that my child arrives punctually to all classes, rehearsals, and performances.

Print Name (Parent)

Signature

Date

**Please list all known conflicts below.