

JO ANN WARREN STUDIO
Registration Form



CC	_____
ACH	_____
Worc	_____
Whit	_____

Date of Registration: _____

Name of Student _____ Age _____ Date of Birth _____

Address _____ City _____ Zip _____

Name of Parents/Guardian _____ Telephone (_____) _____

Billing Name & Address (if different) _____

2nd Number for Emergency Use (_____) _____ (cell ___ work ___ relative ___ friend ___)

Email Address _____ Current Grade in School (as of September) _____

Physical Limitations or Disabilities _____

New Students Only

How did you hear about Jo Ann Warren Studio? _____

Is anyone else in your family enrolled at Jo Ann Warren Studio? Who? _____

Previous Dance/Vocal/Theater Experience _____ Where did you study? _____

How Long? _____ Subjects Studied _____

For Office Use Only

Receipt for Payment

\$ _____ Registration Fee
 (nonrefundable and nontransferable)

+ _____ Tuition

+ _____ Private Time

= _____ Total

- _____ Deposit

(Check# _____ Cash _____ CC _____)

= _____ Balance Due

Plan: Full _____ Half _____ 8 Payments of \$ _____

Next Payment Due _____

Scheduled Classes

Signature _____ Date _____ Staff Initials _____

I understand and agree with the above payment terms and the policies of Jo Ann Warren Studio.