



Premier Performing Arts

REGISTRATION FORM

STUDENT INFORMATION

Last Name		Female		Age	
First Name		Male		Birthdate	
Home Phone					
Cell Phone					
Email Address					
Home Address					
Address Line 2					
City		State		Zip	
Referred by					
Previous Training					

PARENT/GUARDIAN INFORMATION

Last Name	
First Name	
Cell Phone	
Email Address	

ENROLLMENT CLASSES

	Class Name	Level	Day	Time	Fee
1					
2					
3					
4					
5					
6					
7					
Subtotal:					
Registration Fee*:					
Total Due:					

Date:		Check #:	
Payment Accepted by:		Amount Paid:	

**Registration fee is charged once per year.*