Spa City Pance and the Arts

2024 Summer Registration Form

Student Name: First		Mic	ddle	_ Last		
Prefers to be called:				_		
Date of Birth:						
Address:						
City:			State: _		Zip:	
Parent/Legal Guardian: Firs	t		Li	ast		
Parent/Legal Guardian Date	of Birth:	/ /				
Home Phone:						
Email:						
Emergency Contact other tl	nan Main I	Parent				
First			_ Relationsh	p	Cell I	Phone:
Does your child have any m If yes, please describ	oe:			 		
Do you give permission for photos of your child to be posted publicly? Yes No						
How did you hear about us	?					
Class Registration						Office Use Only \downarrow
Class Name	Day	Time	Teacher	M	onthly Fee	Discount if applicable
Office Use Only:						
Total # of Classes:	_ Total Su	mmer Tuiti	on:			
New Student Registration F	ee: \$20.00)/student ar	nd \$10/ each	addition	al sibling – To	otal Fee \$
Payment Method: Cash:	Credi	t Card:	_ Check:	/Che	ck#	