

To register online, please go to [www.LocustPerformingArts.com](http://www.LocustPerformingArts.com) and click the red link "TO REGISTER." Registrations sent by mail may take longer to process and classes may fill. For up-to-date class availability, please go to the online registration link.

# LOCUST PERFORMING ARTS CENTER *of Stamford* REGISTRATION FORM 2017-2018

How did you hear about us? \_\_\_\_\_

Billing Name \_\_\_\_\_ Home Phone \_\_\_\_\_

**Active Email Address (REQUIRED-all billing & studio correspondence is by email)** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Parent 1 \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  Would like to be a Parent Volunteer

Parent 2 \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  Would like to be a Parent Volunteer

Are you interested in becoming a Parent Volunteer to help out with performances and special events? (check above)

Student 1 \_\_\_\_\_ Gender F/M Birthdate \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_ School \_\_\_\_\_

Class Selection(s) \_\_\_\_\_ Clothing Size: Youth S M L XL Adult S M L XL

Student 2 \_\_\_\_\_ Gender F/M Birthdate \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_ School \_\_\_\_\_

Class Selection(s) \_\_\_\_\_ Clothing Size: Youth S M L XL Adult S M L XL

Student 3 \_\_\_\_\_ Gender F/M Birthdate \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_ School \_\_\_\_\_

Class Selection(s) \_\_\_\_\_ Clothing Size: Youth S M L XL Adult S M L XL

Student's Doctor(s) \_\_\_\_\_ **Any behavior or medical issues we should be aware of?** \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Phone \_\_\_\_\_

TOTAL TRIMESTER TUITION \_\_\_\_\_ + \$25 **Annual** Family Membership Fee =

(Note: trimester tuition is due 3 times per school year)

CHECK # \_\_\_\_\_  CASH  CREDIT CARD - To pay by VISA or MC, please register online or in person at the studio.

**I have received or viewed online, read and understood all studio policies, procedures and rules.** I acknowledge that participation at Locust Performing Arts Center of Stamford, LLC involves physical activity and certify to Locust Performing Arts Center and its directors and employees that the participant is physically fit for this activity and that he/she has not been advised by any medical professional that such participation should be avoided or limited. I acknowledge that although utmost care is taken to avoid injury, this activity carries the potential for injury and hereby release Locust Performing Arts Center of Stamford, LLC and its directors and employees of any liability for injuries incurred under any circumstances. I give permission for any photo or video taken of my child in class or performing to be posted on the website and/or to be used for studio publications or television.

PARENT or GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Completed forms may be mailed to: LPAC of Stamford, 2770 Summer St. 2<sup>nd</sup> Floor, Stamford, CT 06905