

To register online, please go to 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 2018-2019

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)

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| Student 1 _____ Gender F/M Birthdate ___/___/___ Grade ___ School _____ |
| Class Selection(s) _____ Clothing Size: Youth S M L XL Adult S M L XL |

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|---|
| 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. 2nd Floor, Stamford, CT 06905