

To register online, please go to [www.LocustPerformingArts.com](http://www.LocustPerformingArts.com) and **click the red link TO REGISTER** or you may submit this paper form to LPAC, 2770 Summer St. 2<sup>nd</sup> Floor, Stamford, CT 06905

**PLEASE REVIEW OUR POLICIES BEFORE SIGNING THIS FORM**

**LOCUST PERFORMING ARTS CENTER** *of Stamford*  
**REGISTRATION FORM 2022-2023**

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 # \_\_\_\_\_  I would like to be a Parent Volunteer at the Year-End Performance

Parent 2 \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  I would like to be a Parent Volunteer at the Year-End Performance

Student 1 \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_

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

Student 2 \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_

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

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

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

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 involves physical activity and certify to Locust Performing Arts Center and its directors and employees that the participant(s) is (are) physically fit for this activity and has (have) not been advised by any medical professional that such participation should be avoided or limited. Though necessary precautions will be taken, I also acknowledge the risks associated with COVID-19 and the potential for my/my child(ren)'s exposure due to participation at Locust Performing Arts Center. I agree to abide by Locust Performing Arts Center's safety procedures and requirements and hereby release Locust Performing Arts Center of Stamford, LLC and its directors, employees and volunteers of any liability for harm or injury incurred under any circumstances. I also give permission for the participant(s) to be filmed/photographed for use in LPAC's publications and media.

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