

ArtsCaravan
2012 - 2013 Enrollment Form

First Student Name: _____ Age: _____ Birthdate: _____

Second Student Name: _____ Age: _____ Birthdate: _____

Parent Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

How did you hear about ArtsCaravan? _____

Any Medical Issues or Learning Differences? No _____ **Yes** _____ **If Yes, please, explain on the back of this form.**

STUDENT NAME	CLASS DAY & TIME	TUITION AMOUNT
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1. _____		
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2. _____		
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3. _____		
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4. _____		
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If you need more lines add them to back of form.

Tuition Total (add lines above)	
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Registration Fee (\$30 per Student per School Year)	
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TOTAL DUE:	
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Costume Fees will be assessed second semester.

Liability Waiver: I realize that any program, such as ArtsCaravan Performing Arts Studio classes and workshops, which involves movement and motion can result in physical injury. I release ArtsCaravan Performing Arts Studio, its owners, instructors and staff from all liability for injury to my child, or myself, from participation in this program. I permit my child, or myself, to participate.

Parent or Legal Guardian's Signature: _____ Date: _____

Mail enrollment to: ArtsCaravan
Dana Merritt
4 Duncan Lane
Cornwall-on-Hudson, NY 12520