

Class Enrollment Form



Parent Contact Information

Last Name _____	First Name _____	Middle Name _____
Address _____	City _____	State _____ Zip _____
Email _____	Home Phone _____	Cell Phone _____
Emergency Contact #1 _____	Phone _____	
Emergency Contact #2 _____	Phone _____	
Emergency Contact #3 _____	Phone _____	

Elected Classes

Child's Last Name	Child's First Name	DOB	M/F	Class Name	Start Date	Class Day / Time

Please list any medical restrictions, allergies or conditions _____

How did you hear about us? Internet Email Friend _____ Other _____

Release

By signing this form you agree to the following: In case of accident or illness Visionary School of the Performing Arts is authorized to secure medical treatment at your expense. Visionary School of the Performing Arts reserves the right to dismiss any student that violates any policies, rules, or regulations. Visionary School of the Performing Arts will not be held responsible for any personal property that may be stolen or lost. Classes contain physical activity and involve movement. I waive any claims of injury resulting from the physical activities of the classes. Visionary School of the Performing Arts suggests that you carry personal medical insurance to cover any personal injury. Visionary School of the Performing Arts will not cover any costs related to any injuries resulting from any classes.

Signature _____ Date _____

Policies and Rules

I agree to reimburse Visionary School of the Performing Arts for any lost or damaged equipment or property resulting from my negligence or carelessness. I will abide by all policies, rules, and regulations set forth by Visionary School of the Performing Arts. I have received and understand all rules and regulations regarding class **payments** and studio billing practices.

Signature _____ Date _____