



REGISTRATION FORM SPRING 2017

STUDENT INFORMATION

First Name: _____ Last Name: _____

Birthdate: _____ Age: _____ Grade: _____ Male Female

Street Address, City, and Zip: _____

Student Cell Phone: _____ Home Phone: _____

E-Mail Address(es): _____

PARENT/GUARDIAN INFORMATION *(Skip to next section if 18 or over.)*

1. Name: _____ Relationship: _____

Cell Number: _____ Other Number: _____

2. Name: _____ Relationship: _____

Cell Number: _____ Other Number: _____

MEDICAL INFORMATION

Insurance Company: _____ Hospital Preference: _____

ID Number: _____ Group Number: _____

Pediatrician/Doctor Name: _____ Phone: _____

Use the space below to list any allergies, medical conditions, special needs, physical or mental disabilities, or anything of which the school should be aware:

Emergency Contact Name & Relationship (other than parents): _____

Phone: _____ Alternate Phone: _____

EXPERIENCE

Please list any previous experience related to the class(es) for which you are registering:

CLASSES and PAYMENT

See Class Descriptions sheet for class schedule, pricing, and descriptions.

Payment is due upon registration. Semester-long classes may be paid in 2 equal payments, with the 2nd due March 1, 2017.

Tuition: Semester class: \$200 (2+ classes: add \$100/class) 8-week class: \$90 (2+ classes: add \$45/class)

\$25 Registration Fee: Date Paid _____ Method: Cash Ch# _____ CC Type _____

Class Name	Day/Time	Fee
1.		
2.		
3.		
4.		

STATEMENT

By signing below, I attest that the information provided on this form is correct, and will notify Brightstone Productions in writing of any changes. I have read, understand, and agree to abide by the policies stated above, as well as on the separate Rules and Regulations sheet. I give Brightstone Productions and its staff permission to seek treatment in case of an emergency. I release Brightstone Productions and its employees of all liability should I, or my child, become injured while in class or rehearsal during class or rehearsal times, while waiting for class or rehearsal, while waiting for a ride for class or rehearsal, or while working with Brightstone Productions in any capacity.

Date Student Signature Parent Signature (if under 18)

For office use only:

Submitted: Registration Form Rules and Regulations

Added To: Roll Sheet Google Sheet 1 (List) Google Sheet 2 (By Class)

\$25 Registration Fee: Date Paid _____ Method: Cash Ch# _____ CC Type _____

Tuition payments: (TOTAL OWED: \$ _____)

1. Date: _____ Amount: _____ (Cash Ch# _____ CC Type _____) Owed: _____

2. Date: _____ Amount: _____ (Cash Ch# _____ CC Type _____) Owed: _____

3. Date: _____ Amount: _____ (Cash Ch# _____ CC Type _____) Owed: _____

Paid in full