

REGISTRATION FORM

Parent/Guardian Name: _____

Address (with zip code): _____

Phone: (H) _____ (W) _____

(C): _____ Email: _____

Children's Day Program (Pre-school – 8th Grade)

1. Student's Name: _____ Grade/Age _____

Class: _____ Day/Time: _____ Class Fee: _____

2. Student's Name: _____ Grade/Age _____

Class: _____ Day/Time: _____ Class Fee: _____

3. Student's Name: _____ Grade/Age _____

Class: _____ Day/Time: _____ Class Fee: _____

Teen/Adult Evening Program

1. Student Name: _____

Class: _____ Day/Time: _____ Class Fee: _____

2. Student Name: _____

Class: _____ Day/Time: _____ Class Fee: _____

3. Student Name: _____

Class: _____ Day/Time: _____ Class Fee: _____

4. Student Name: _____

Class: _____ Day/Time: _____ Class Fee: _____

Are you paying in two equal installments or in full for the year? _____

**If paying for the full year, deduct 10% off your total tuition!*

Circle payment method: Cash Check Paypal (will bill you through email)

Total Tuition: _____ + **\$10 Registration Fee per Family** = _____

Total amount enclosed: _____

Tuition is non-refundable after October 12th

Mail this form back to:

Studio of Creative Movement. P.O. Box 540204. Waltham, MA 02454 781.894.6395