



Ridgefield Studio of Performing Arts
Registration Form
First Semester

Date _____

Student's Name _____

Birth Date & Grade _____

Address _____

Parent's Names _____

Home Phone _____

Email _____

Cell Phone _____

Please check one

New Student

Returning Student

Class	Day	Time	Cost	No Discount	\$
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Class	Day	Time	Cost	(\$20)	\$
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Class	Day	Time	Cost	(\$25)	\$
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Class	Day	Time	Cost	(\$30)	\$
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Class	Day	Time	Cost	(\$35)	\$
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Class	Day	Time	Cost	(\$40)	\$
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Class	Day	Time	Cost	(\$45)	\$
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Class	Day	Time	Cost	(\$50)	\$
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Rates Per Class

\$295

SubTotal \$ _____

Voice Lessons

1/2 hr. Private 10 class card \$400

Grand Total \$ _____

Payment: Master/Visa Amex Discover Check CC# _____ Exp _____ CVP _____

(1) I understand that I am responsible for the entire tuition of classes for which I have registered and that tuition payments will be applied to the term in which they are paid. There are no refunds for classes or voluntary withdrawals from RSPA during the term. Refunds will only be given in the event of prolonged illness or injury verified by a doctor.

(2) I hereby grant to RSPA permission to take photos, videos, and/or films of me, my son and/or daughter and consent to the use of such material for promotional purposes by RSPA.

(3) RELEASE: I recognize the inherent risks of accident and injury associated with any RSPA program and assume the risks of my or my child's participation in the RSPA classes. I hereby irrevocably release RSPA and its employees, agents, officers, directors, and/or successors from any and all liability of any type or nature arising out of my child's participation in its classes or activities.

Signature _____

Date _____