

**Southbury School of Performing Arts
REGISTRATION FORM**

(Please Print)

Please complete and return this form along with the non-refundable registration fee.	\$15.00 to register one student \$25.00 to register a family
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STUDENT INFORMATION

Student's Last Name:	First:	Middle:
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Address:

City:	Zip Code:
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Guardian Name:	E-mail:
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Home Phone:	Work Phone:
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Birth Date:	Age:	Grade:
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Emergency Contact

Name:	Phone:
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Please list any previous dance, voice, or theatre experience:

Please list any injuries, health issues, or allergies that the school should be made aware of.

How did you find out about SSOPA?

CLASSES

Class Name	Class Time	Day of Class

Monthly Tuition Due:	
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Patient/Guardian signature	Date
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