

E-Mail will be the Academy's primary form of communication. Please print legibly & update the Academy if your e-mail address changes. Thank You!

2008 – 2009 FALL REGISTRATION FORM

Mary Jo's Performing Arts Academy

PLEASE PRINT LEGIBLY

Student's Full Name: _____ Nickname: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____ - _____

School: _____ Grade: _____ Date of Birth: _____ Age: _____

Primary Phone Number: _____ Primary E-Mail: _____

Legal Guardian(s): Both Mother & Father Mother Father Other: _____

Mother OR Guardian Name: _____ Mother's e-mail: _____

Home Phone: _____ Cell#: _____

Mother's Address: _____ City: _____ State: _____ Zip Code: _____ - _____

*Mother's Place Of Employment: _____ Phone#: _____

Father OR Guardian Name: _____

Home Phone: _____ Cell#: _____

Father's Address: _____ City: _____ State: _____ Zip Code: _____ - _____

*Father's Place Of Employment: _____ Phone#: _____

Name Of Closest Relative Or Friend: _____ Phone#: _____

Parent/Guardian Drivers License # _____ State _____

Please list how you heard of us: Yellow Pages Newspaper Ad (Which Publication?): _____

Referral (Please list who we can thank!) _____ Other (Please list source): _____

Any health information we should know (learning disabilities, physical impairments, allergies, etc.) _____

Previous performing experience: _____ Year began dancing at MJPAA? _____

* If you would like MJPAA to consider your profession/employment services, please explain services you may provide to the Academy.

I give permission for my child to be photographed and/or videotaped during the concert and for MJPAA promotional purposes.
Initial _____

I understand MJPAA cares about each student and their safety, therefore:

MJPAA faculty and staff cannot supervise students that leave the Academy before, between or after class.
Any and all trips should be with parental supervision and permission. Initial _____

MJPAA faculty and staff have commitments throughout the day to teach class and assist in the office. If you realize you will be more than 15 minutes late after your child's class is over, please contact the Academy immediately. I understand late fees may be assessed.
Initial _____

I have been informed tuition is not refundable and that I am responsible for tuition until written notice has been received by MJPAA. I realize emergencies will be taken under advisement. I also understand monthly billing statements are not mailed.
Initial _____

If a new or returning student participates in the annual concert, one parent or guardian must attend one required concert information meeting.
Initial _____

I have read and understand the Academy Policy Handbook and Concert Policy Information and will abide by the rules and regulations of Mary Jo's Performing Arts Academy. I have verified all of the above information has been submitted to MJPAA and is correct.

DATE: _____

Signature _____

AUTHORIZATION FOR MEDICAL TREATMENT

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____, as they may deem advisable.

Medical Conditions/ Allergies: _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

1. _____

Phone #: _____

Relationship: _____

2. _____

Phone #: _____

Relationship: _____

Further, in consideration of my child's participation in this program, I, _____ parent of _____, intending to be legally bound, so hereby waive, release, and forever discharge any and all rights and claims for damages, including any claims for loss, damages, or injury to my child's person or property arising from the performance or failure of performance of Mary Jo's Performing Arts Academy and its representatives, successors, and assigns.

Student's Name: _____

Guardian's Name: _____

Signature: _____ Date: _____

Any questions, please contact Mary Jo's Performing Arts Academy at 813- 969-0240.