

ELITE KIDZ PERFORMING ARTS & EDUCATION

REGISTRATION FORM - Date: _____

Please print

Student Name _____ Nickname _____

Address _____ City _____ ZIP _____

Birthdate _____ Age: _____ years _____ months

Allergies: _____ Any other health condition _____

Father: Name _____ Occupation _____

Phone (h): _____ Cell _____ Email _____

Mother: Name _____ Occupation _____

Phone (h) _____ Cell _____ Email _____

Emergency Contact : Name _____ Relation _____

Phone (h) _____ Cell _____

Other person (s) authorized to pickup child _____

Relation to student _____ Phone (h) _____ Cell _____

How did you hear about us? EDA current student ___ Newspaper ad/article ___ Internet ___ Referral ___

EDA performance ___ Street sign ___ Other _____

For office use only

Day	Time	Program	Tuition Amount	Teacher	Perf Arts Teacher

AGREEMENT

1. I give my permission to Elite Kidz to take photos of my child for the purposes of promoting the school.
2. I agree to make monthly payments by the 10th of the month with check, cash or Debit Card. I am aware that a late fee of \$20 will be charged and that there is a \$30 charge for checks returned by the bank.
3. Withdrawal from Elite Kidz programs must be submitted in writing before the 1st of the month to avoid tuition charges.

Signature of parent or Guardian _____ Date _____

*Waiver on separate page to be also signed by parent.