



Registration date: _____

Father's name: _____ Mother's name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Email Address: _____

Father's work Place: _____ Work Phone: _____ Cell phone: _____

Mother's work Place: _____ Work Phone: _____ Cell phone: _____

If parent(s) are not responsible for monthly tuition, the person who will be making payments is:

Name _____ Phone: _____ Relationship: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

How did you hear about Masterpiece Studios? (Circle one) Newspaper Friend Other _____

Name of church attending: _____ (optional)

List all registered family members:

Registration fee: _____

Date paid: _____

Cash/Check #: _____

Individual/Family Financial Totals

Total class tuition: _____

Less discount ____ x \$10.00
(\$10 off /2 or more registrations) _____

TOTAL MO. PYMT _____

Art/Pottery supply fee: \$45.00/\$75.00

1st semester Date Paid _____ Ck#/Cash _____

2nd semester Date Paid _____ Ck#/Cash _____

- By signing below I have read and understand all policies written in the Masterpiece Studios handout.
- By signing below I indicate that I understand my registration fee is non-refundable and that I am fully responsible for all class fees and tuition.
- By signing below I acknowledge the risks and hazards of physical injury inherent in training and performance and hereby assume all such risks and hazards; and I hereby release, waive and agree not to assert against Masterpiece Studios, its directors, teachers, officers, agents or employees, any claim for injury to said child in consequence of or incident to such training, performance or other Masterpiece Studios activities.
- By signing below I grant permission for Masterpiece Studios to use my child's/ward's picture in future advertisement, literature, or in any web content for Masterpiece Studios and events sponsored and conducted by them.
- Parent/Guardian's Signature _____ Date _____