



REGISTRATION FORM

2011-2012

Please submit completed form with payment to:
729 Walnut Street
Carthage, IL 62321

Schedules, tuition and policy information can also be found online at
WWW.CENTERSTAGEMUSICSSCHOOL.COM.

Student Information

Student Name _____ F M Birth date _____ Age _____

Current School/University/Trade if applicable: _____ Grade: _____

Home Phone: _____ Student's Mobile Phone (optional): _____

Can you receive text messages on your mobile phone? Y N

Student Email Address (optional): _____

Parent/Guardian Information

Parent/Guardian Names: _____ Relation: _____

Mother or Guardian Mobile Phone: _____ Can you receive text messages? Y N

Father or Guardian's Mobile Phone: _____ Can you receive text messages? Y N

Parent/Guardian Email address: _____

Address: _____ City: _____ State: _____ Zip: _____

As a parent would you be interested in:

- Chaperoning Backstage help Costumes Photography Mentoring
 Tour Guide Historian/Scrapbook Festival Help Party Help Other _____

How did you hear about CSM? Newspaper Internet Radio Drive By Direct mail

Referral (who referred you?) _____

In case of emergency if I can not be reached, I authorize the staff at Center Stage Music to obtain whatever medical treatment deemed necessary and agree that I am financially responsible for all charges and fees incurred in the rendering of said emergency treatment.

Injuries: Parents/guardians and students waive the right to any legal action for any injury sustained on school property.

I have received, read, and agree to the studio policies.

Photo & Video Release: Photographs and video-taping of the students may be used in brochures promotional materials of the school. Permission is also hereby granted for the school to copyright such photographs in its name.

Your information will be kept completely confidential and will not be shared with anyone under any circumstances.

Parent/Guardian Signature _____

Date _____

Registration & Tuition Payment

\$ _____

(For office use only)