

WALH PERFORMING ARTS STUDIOS

REGISTRATION FORM

Registration Fee: 1 Student - \$20 / Family - \$35

Student Name _____ Age _____ Date of Birth _____
Student Name _____ Age _____ Date of Birth _____
Student Name _____ Age _____ Date of Birth _____
Parents' Names _____
Address _____ Town _____ Zip Code _____
Parent email address _____
Home Phone _____ Mom Cell _____ Dad Cell _____
Emergency Contact (name & phone) _____
Medical conditions or special needs _____

Photo Release *I allow Walh Performing Arts Studios to use photo images of my child(ren) for advertising purposes including web site, newspaper, brochures, and other promotional materials.*

Parent Signature _____ Date _____

New Family Returning Family Eligible for 5 year award

How did you hear about us? _____

Prior Experience _____

CLASSES WANTED

	Class/Time
Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____
Saturday	_____

PRIVATE LESSON REQUEST

- Private Voice Lesson** - Private voice lessons are available for students ages 12 and older. Space is limited, therefore placement will be based on audition to determine vocal ability, potential and work ethic. New voice students must start in a small group lesson.
- Small Group Voice** - *Small group lessons are available starting at age 8. See schedule for small group times.*
- Private Dance Lesson** - Private dance lessons are given at the discretion of the faculty. To qualify, students must take a minimum of three dance classes, including ballet and the subject of the lesson. Students will be assessed from September through December.

TEACHER ASSISTANTS NEEDED

Interested in assisting with the younger dance classes? Teacher assistants must be teenage students who are currently enrolled in ballet, tap and jazz. *This is a scholarship program. Assistants will receive discounted tuition.*

CREDIT CARD AUTHORIZATION

I authorize **Walh Performing Arts Studios** to charge my credit card in the amount of \$ _____ (Tuition Amount)

Registration Fee (20 /35) Monthly, according to payment schedule Include Costumes (11-1) Tights (3-1)

Choose credit card: MasterCard Visa Card # _____

Expiration Date _____ / _____ Cardholder Name _____

Signature _____ Date _____

Return Form with Fee to: Walh Studios 2937 Southwestern Blvd. Orchard Park, NY 14127