



Class Registration Form

STUDENT'S NAME _____ AGE _____ BIRTHDATE _____

MOTHER'S NAME _____ FATHER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE # _____ CELL # _____ EMAIL _____

SCHOOL CHILD ATTENDS _____ GRADE _____

IN CASE OF EMERGENCY CONTACT: NAME, AND PHONE:

HOW DID YOU HEAR ABOUT THE STARS PROGRAM?

CLASSES REGISTERING FOR:

<u>CLASS DESCRIPTION</u>	<u>DAYS</u>	<u>TIMES</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

I hereby register my child in the STARS Program. Monthly invoices are not sent to students. Tuition due on 7th of month. I agree that tuition payment for each month will be paid in accordance with the tuition payment schedule:

By the 7th of the month \$ _____ After the 7th with \$10 late fee \$ _____

In case of suit or action is instituted to collect tuition or any other fees due to STARS, the below named promises to pay all collection costs and such additional sums as the court may adjudge reasonable such as court costs, attorney fees, service of process, etc. in said suit or action.

I agree to pay annual student registration & insurance fee of \$25 (non-team) *or* \$50 (Pre-Team & Show Team) per student per year. If my child discontinues the STARS Program for any reason, the registration fee will be forfeited. There are no credits or refunds for lessons missed. A written 30 day notice is required to drop a class or tuition will continue to be billed to your student account.

I agree to pay the returned check fee of \$20 for any check returned to the bank.

RELEASE: I hereby release STARS and all staff officials from all claims of damages or injury suffered by the registered student in connection with their association with STARS. This includes my heirs who may not act in my behalf.

I have read and understand the terms of the above contract and the program information sheet and agree to abide fully by it's terms.

Parent's signature

Date

—FOR OFFICE USE ONLY—

REGISTRATION DATE _____	BEGINNING DATE _____
REGISTERED BY _____	AMT. PD: TUITION _____ REG. FEE _____