

**SUFFIELD PERFORMING ARTS CENTER**  
(please print clearly)

Student's Name: \_\_\_\_\_

Age as of Sept.1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone:(\_\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Emergency #: \_\_\_\_\_

**PREVIOUS YEARS OF DANCE:** \_\_\_\_\_

Class Day/Time \_\_\_\_\_ Class Day/Time \_\_\_\_\_

Class Day/Time \_\_\_\_\_ Class Day/Time \_\_\_\_\_

Class day/Time \_\_\_\_\_ Class Day/Time \_\_\_\_\_

**\*\*\*\*\*There is a possibility that between March and May, 2 or 3 Friday classes may have to be cancelled due to the competition team schedule. \*\*\*\*\***

Parent/Guardian (please print)  
\_\_\_\_\_

**I have read all the studio policies and agree to abide by these conditions as stated. I understand that in order for my child to participate in class, he/she must be properly dressed. If my child should decide to give up dance after costume orders have been placed, I will be responsible for any outstanding balances, including lessons/supplies. I also understand that accidents/illnesses (COVID-19) do happen and if my child should get injured/fall ill, then I will not hold SPAC liable. As part of this registration, SPAC has my permission to use photos or videos of my child for use is advertising on the web or any other form of electronic devices.**

Parent/Guardian signature: \_\_\_\_\_

**REGISTRATION FEE--\$15.00 PER STUDENT-(check payable to SPAC)**

**LESSON FEE: \_\_\_\_\_ TOTAL PAID: \_\_\_\_\_ CASH/CHECK**

