

STAR POTENTIAL STUDIOS - REGISTRATION FORM 2010/2011

CIRCLE ALL THAT APPLY: Summer Camp March Break Camp Full Year

STUDENT INFORMATION:

Name: _____ Sex: F M Home Phone: _____

Home Address: _____ Email Address: _____

CLASSES ATTENDING:

1. _____

2. _____

3. _____

FAMILY INFORMATION:

Mother's Name: _____ Email address: _____

Home Phone (if different): _____ Work phone: _____

Home Address (if different): _____

Father's Name: _____ Email address: _____

Home Phone (if different): _____ Work phone: _____

Home Address (if different): _____

EMERGENCY CONTACTS:

Name: _____

Reachable Phone: _____ Relationship: _____

Name: _____

Reachable Phone: _____ Relationship: _____

Dr.'s Name: _____ Phone Number: _____ Health Card Number: _____

Allergies? Yes No If yes: _____

Disabilities? Yes No If yes: _____

Medication? Yes No If yes: _____

Method of Payment (circle one): Cheque Cash Credit Card Total: _____

Cheques payable to: Star Potential Studios Credit Card payment only through on-line registration: starpotentialstudios.com

CLASS PAYMENTS ARE NON-REFUNDABLE

Registration and payment must be returned to Star Potential Studios BEFORE the start of classes