



Petersburg Performing Arts



Season: _____

Signup Date: _____

Student Information

Student's Name: _____ Date of Birth (MM/DD/YYYY): _____

Mailing Address: _____

Primary Phone: _____ Phone (2): _____

Name of Person responsible for paying fees: _____

Primary Email Address:

How did you hear about us?: _____

Primary Billing Phone # _____

Credit Card Information

Credit Card or Debit Card #: _____

Name on Card: _____

CVC Code: _____ Zip Code: _____

Classes

Class Name	Meeting Date(s) / Time	Fees / Minutes

Tuition: _____

Discounts: _____

Total Monthly Tuition _____

Medical

Allergies: _____

Will your child require any special medical attention during a normal class: (yes/no) _____

If yes – Explain: _____

Registration Fee: \$ _____

Paid? Yes

No

N/A

[] – Recorded [] Paid in full [] On hold Processed by: _____ Special Notes: _____