



**Ridgefield Studio of Performing Arts**  
**Registration Form**  
**Second Semester**

Date \_\_\_\_\_

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

Birth Date & Grade \_\_\_\_\_

Address \_\_\_\_\_

Parent's Names \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Please check one

New Student

Returning Student

Class	Day	Time	Cost	No Discount	\$
				(\$20)	\$
				(\$25)	\$
				(\$30)	\$
				(\$35)	\$
				(\$40)	\$
				(\$45)	\$
				(\$50)	\$

45 minute class  
hour plus classes

\$275  
\$290

SubTotal \$ \_\_\_\_\_

Costume Deposit \_\_\_\_\_  
\$50 per class

Voice Lessons

1/2 hr. Private 10 class card \$400

Total \$ \_\_\_\_\_

**Payment:**  Master/Visa  Amex  Discover  Check CC# \_\_\_\_\_ Exp \_\_\_\_\_ CVP \_\_\_\_\_

- 1) I understand that I am responsible for the entire tuition of classes for which I have registered and that tuition payments will be applied to the term in which they are paid. There are no refunds for classes or voluntary withdrawals from RSPA during the term. Refunds will only be given in the event of prolonged illness or injury verified by a doctor.
- (2) I hereby grant to RSPA permission to take photos, videos, and/or films of me, my son and/or daughter and consent to the use of such material for promotional purposes by RSPA.
- (3) RELEASE: I recognize the inherent risks of accident and injury associated with any RSPA program and assume the risks of my or my child's participation in the RSPA classes. I hereby irrevocably release RSPA and its employees, agents, officers, directors, and/or successors from any and all liability of any type or nature arising out of my child's participation in its classes or activities.

Signature \_\_\_\_\_

Date \_\_\_\_\_