

*Session 2017- 2018*

PLEASE CHECK ONE:  CURRENT STUDENT  PRIOR  NEW

How did you hear about us: Word of mouth Computer Search Website Ad

Referred by \_\_\_\_\_ Other: \_\_\_\_\_

REG FEE(S)	MONTHLY TUITION	OFFICE USE

LAST NAME OF STUDENT(S)

STREET ADDRESS

CITY STATE ZIP CODE

HOME PHONE NUMBER

FIRST NAME OF STUDENT(S)	DATE OF BIRTH	AGE	M/F	ALLERGIES/ MEDICAL COND.

Person responsible for tuition if different from parent/guardian:

Auto Pay:  
Process my fees by Auto Pay  
Yes or No ( circle one)

PARENT OR GUARDIAN

CELL PHONE NUMBER OR WORK

EMAIL ADDRESS  
All communications will be sent here

EMERGENCY CONTACT NAME & PHONE #

FIRST NAME OF STUDENT(S)	OFFICE USE PL INFO	STU-DIO	NAME OF CLASS	FIRST CHOICE: DAY/TIME	SECOND CHOICE: DAY/TIME	TOT. CLASS MIN



**CUPPETT**  
**PERFORMING ARTS CENTER**  
 135 PARK STREET, S.E., VIENNA, VA 22180  
 703-938-9019 CuppettPAC.COM

AMY CUPPETT STIVERSON  
 OWNER & ARTISTIC DIRECTOR

**REGISTRATION AND SCHEDULE**  
 I, the undersigned, do hereby agree to the terms and conditions of the Enrollment Agreement and Liability Waiver and Assumption of Risk as stated on the reverse side of this Registration Form.

OFFICE USE: Payment: Cash/Check # \_\_\_\_\_ Amt \$ \_\_\_\_\_ PMD : \_\_\_\_\_ Time \_\_\_\_\_  
 or AP DO or Em or Mailed or Fax or CP or WR

SIGNATURE OF PARENT OR GUARDIAN Or  
 SIGNATURE OF STUDENT IF AGE 18 OR OLDER  
 Registration will not be accepted without signature.