



159 LINDEN STREET, WELLESLEY, MA 02482 781.237.0081

REGISTRATION FORM 2010/2011

Students will not be guaranteed a spot in any class until he/she is paid in full.

STUDENT NAME: _____

STREET ADDRESS: _____

TOWN: _____ ZIP: _____

HOME TELEPHONE: _____ E-MAIL: _____

STUDENT DATE OF BIRTH: _____ AGE: _____ GRADE: _____

PARENT 1 NAME _____ WORK #: _____
CELL #: _____

PARENT 2 NAME: _____ WORK #: _____
CELL #: _____

DOCTOR'S NAME: _____ TEL: _____

EMERGENCY CONTACT: _____ TEL: _____

MEDICAL INFORMATION WE SHOULD KNOW: _____

BILLING INFORMATION

BILLING NAME: _____

BILLING ADDRESS: _____

TOWN: _____ ZIP: _____

TELEPHONE HOME: _____ WORK: _____ CELL: _____

CLASSES:	TITLE	DAY	TIME	TUITION
CLASS #1	_____	_____	_____	_____
CLASS #2	_____	_____	_____	_____
CLASS #3	_____	_____	_____	_____
CLASS #4	_____	_____	_____	_____
CLASS #5	_____	_____	_____	_____
CLASS #6	_____	_____	_____	_____

45 minute to 1 hour class \$600 per year (\$300 per semester)

1½ hour class \$900 per year (\$450 per semester)

Registration Fee \$30 per student per year

TOTAL AMT DUE: _____

Please make out check to Miss Michelle's Center for the Performing Arts. Thank you.