



CREATIVE ARTS ACADEMY

2018 - 2019 REGISTRATION FORM

DANCER'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT'S NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ Phone: \_\_\_\_\_

AUTOWITHDRAWAL INFORMATION:

BANKING INSTITUTION: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

TURN ALL FORMS IN TO MISS ASHLLE OR SEND VIA MAIL // PO Box 74 POLK CITY, IA 50226

	CLASS	CLASS FEE/MO	COSTUME FEE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
		<b>RECITAL FEE</b> <b>(Includes 1 Recital DVD per Family)</b>  \$75.00 / FAMILY  <b>REGISTRATION FEE</b> \$10.00 X _____	<b>TOTAL DUE IN OCT.</b> <b>(75%)</b>
		<b>DUE NOW</b>	<b>TOTAL DUE IN JAN.</b> <b>(25%)</b>
		<b>MONTHLY TUITION</b>	