



Enrollment Contract

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Name of Student: _____
Age: _____ Birthday: _____
E-Mail Address: _____
Phone: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Name of School: _____
Name of Parent/Guardian if under 18: _____
E-Mail Address: _____
Phone: _____

I have read and understand the 12 Studio Policies regarding:

1. Fall/Spring Session Calendar
2. Enrollment & Fees
3. Tuition Schedule
4. Master Class Attendance
5. Punctual Attendance
6. Cancellations
7. Class Materials
8. Parental Attendance
9. Substitutes & Outside Coaching
10. Studio Communication
11. Practice
12. Recitals

By signing below, I agree fully to comply with these policies and any revision that may occur within a given semester. I understand that it is my responsibility to keep track of all current web site information.

Student's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

(Required if student is under 18)

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Release Form

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Please read carefully and sign below. Thank you!

_____ I give permission for _____'s photo or image on video to be used in printed materials, on the web site or other forms of advertisement for *Studio Bella Voce*

_____ **I DO NOT** give permission for _____'s photo or image on video to be used in printed materials, on the web site or other forms of advertisement for *Studio Bella Voce*.

Parent's Name (Please Print)
(Required if student is under 18)

Signature

Date

To secure your spot in the studio, please snail mail your signed Enrollment Contract, signed Release Form and Enrollment Fee of \$25 made out to *Studio Bella Voce* to the Executive Director in your area.

For a mailing address, inquire at:
studio@studiobellavoce.com