COUPÉ THEATRE STUDIO, INC.

33 E. Route 59A, Nanuet, NY 10954 • Telephone: 845-623-2808 • www.Coupedance.com

REGISTRATION FORM

Student # _____

Family # _____

PLEASE print clearly

Name of Student _____ Female ____ Male ____

Age _____ Date of Birth _____ Grade (2014-15) _____ Today's Date_____

Street _____

City_____ State_____ Zip_____

Phone_____ Cell Phone _____ Emergency Phone_____

Is there another child from the same family currently registered as a student at Coupé? _____ YES ____ NO

Parent/Guardian _____ Email _____
please print clearly please print clearly

Please enroll this student in the following classes:

Class/Level	1st choice Day/Time	2nd choice Day/Time	3rd choice Day/Time

AMOUNT ENCLOSED **$** _____ Check# _____ Cash _____ Taken by _____

FOR OFFICE USE ONLY **Pay Plan** _____ Amount due on the first of every month, September through April _____

CLASS CODES _____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

#_____ Exp date _____

☐ Booking control ☐ Waiver signed ☐ Letter given ☐ Birth certificate ☐ Teachers book ☐ Computer Entry by _____

IMPORTANT: The amount paid at registration, is NON-REFUNDABLE and NON-CREDITABLE.

After September 30th, paid in full tuition is also NON-REFUNDABLE, except in the case of long term illness or serious injury, causing prolonged absence. A physician's note must be submitted to the Studio for such consideration.

_____ PLEASE INITIAL

_____ _____

Parent's signature *Date*