

REGISTRATION FORM : GROUP CLASS

Primary Contact _____ Relationship to student _____

Address _____ City/Zip _____

Phone: home _____ work _____ cell _____

Email _____

How did you find out about Rhapsody? _____

Secondary Contact _____ Phone _____

In case of same day class cancellation, whom should we call?

Name _____ Phone _____

We occasionally take photographs of recitals, classes, or other events at Rhapsody. These photos may be used for the website, brochures, or other publicity-related purposes. Do you give permission for us to use anonymous photographs of you and/or your child in this manner? (circle) YES NO

I have read and agree to all of Rhapsody Arts Center's policies (available on our website and at the studio). All classes will be confirmed one week prior to start date. No refunds once enrolled, and no refunds for missed classes. If class is canceled, a full refund will be issued.

x _____ Date _____

Student _____ Birthdate m/d/yy _____

Age _____ Grade _____ School _____

Student _____ Birthdate m/d/yy _____

Age _____ Grade _____ School _____

Class Requested*	Start Date	Fee
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TOTAL ENCLOSED \$ _____

*Classes will be confirmed one week prior to start date.