

# CLASS REGISTRATION FORM

**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 photographs of you and/or your child in this manner? (circle)      YES      NO

**Student** \_\_\_\_\_ Birthdate m/d/yy \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**Student** \_\_\_\_\_ Birthdate m/d/yy \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

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

**Rhapsody Arts Center 1031 North Edge Trail Verona, WI 53593**

**Phone: (608) 848-2045 Fax: (608) 848-2044 Email: info@rhapsodyarts.org**

**Register ONLINE at [www.rhapsodyarts.org](http://www.rhapsodyarts.org)**

