



REGISTRATION FORM

Name _____ Age _____ Birthdate ____/____/____

Address _____ City _____ State _____

Parent's/Guardian Name _____ Cell Phone _____

Home Phone _____ Email _____

In case of emergency, please contact: _____ Phone: _____

Name of person(s) other than parent or legal guardian to whom my child may be released:

(PDC will not distribute any of your contact information. It is solely used to keep you informed on scheduling changes or upcoming events or information from Project Dream Center.)

Please list any medical conditions or allergies that the student may have: _____

Voice/Dance/Theater Experience _____

Registration Fee is FREE FOR TEE TEE'S PLACE KIDS!!!

\$30 for New Enrollees

\$12 WEEKLY! *

10% Off for Each Additional Student from Same Household
We also accept Visa, Mastercard, Discover and American Express

WAIVER

I, _____ parent/legal guardian of _____

give consent for my child to participate in courses at Project Dream and I acknowledge that Project Dream or Tee Tee's Place Centers is not liable or responsible for any injuries or for lost or stolen items/monies while participating in classes therein. I also understand that any pictures taken at Project Dream may be used for publicity and I give consent for my child to be photographed.

Signed _____ Date _____

OFFICE USE ONLY

Amount Received _____

Ck/Cash/Credit/Debit

*1/2 OF TUITION (\$90.00) is due upon Registration. The remaining balance is due by March 15th.

