

Mid American Studio Parent Permission Form FALL 2017

Contact Info (for NEW STUDENTS or	current students who want to UPDATE info.)
How did you hear about our studio?	
Student Name:	Birthdate:/
Parent/Guardian Name:	Phone#:
Email:	Alt. Phone# (optional):
Address:	City, State, Zip:
Emergency Contact:	Phone#:
Are there any health issues we should	d be aware of? Please describe:
Mid American Studio shall not be respondue to unforeseen events which require alarms, severe weather, unsafe condition such event(s), I retain responsibility for full hereby give Mid American Studio the araphy images, moving pictures and/or vic reasonably determine in its sole discretio and/or any other lawful purpose whatsoe est, including copyright in and to any and monial, advertising, printed copy, video, promotive of the company of	ses. processing fee. processin
I have read and understand the programs in which my child will be engaged. I agree to the conditions and policies stated above.	
PRINT NAME:	SIGNATURE: DATE:
to charge your credit card on the dates lis class meeting. Once the 3rd class begins fees. If a credit card is declined at any tin *Note: Company and All Stars hav Initial Payment: \$	n, two remaining payments will be charged to your credit card on dates listed below. Your signature authorizes Mid American Studio sted, as well as an initial \$8 processing fee with your first payment. Per the studio's refund policy there are no refunds starting the 3rd, payments will automatically be deducted on Oct 1st and Nov 1st regardless of attendance in class(es) to amount to the total class he there will be a \$5.00 fee added to the total amount. The unique payment plan schedules. Staff: write payment details on back and have client initial for approval. The unique payment plan schedules. Oct 1st: \$ Nov 1st: \$ Date: Date:

OFFICE USE ONLY: Date registered: ____/ ___ EMP:____ Pmt method:_____ Profile in MBO by: EMP_____ Referral: □ Index: □