



# Paula's School of Baton

## Registration 2009 - 10

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Email: \_\_\_\_\_

Is this your first year at Paula's School of Baton? \_\_\_\_\_

If NO, how many Spring Showcase Recitals have you performed in? \_\_\_\_\_

Are there any health issues that we need to be aware of? \_\_\_\_\_

If YES, Please list: \_\_\_\_\_

Please check the classes and list the time slots you are registering:

\_\_\_\_\_ **BATON** \_\_\_\_\_ **POM** \_\_\_\_\_ **TAP**

Day: \_\_\_\_\_ Time: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

*I understand and agree that I must comply with all the schools policies and agree to make all payments for tuitions and classes that I am responsible for. I also understand that Paula's School of Baton is not liable for accidents, injuries or loss of articles. Sign below:*

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