# K FORTIER STUDIOS
## 2023/2024 REGISTRATION FORM

***Waiver of liability:***
***I agree that I will not hold the K Fortier Studios or any employee liable for injuries sustained or illnesses contracted while a student at K Fortier Studios.***

***I am the responsible party for _____ and I agree to pay tuition due for the ENTIRE 2023/2024 session that begins on August 14, 2023 and ends May 2024. I understand tuition, recital fees and registration fees are non-refundable. I also authorize K Fortier Studios to charge my credit card on file for tuition due and not paid by the 10th of each month it is due. .***

***Photos of K Fortier Studios students may be taken during classes and performances, by signing below you give your permission for your child to be photographed and K Fortier Studios permission to publish the photographs in any and all publications.***

_____
***Responsible Party Signature*** ***Date***

**I would like to pay my tuition for the 2023/24 session (August - May) by:**
(please check the appropriate box below)

| 10 Monthly payments (due the 1st week of every month) With reg, Aug 2023-May 2024 | 2 bi-annual payments (due with reg & Jan 2024) | 1 annual payment (due with registration) |
|---|---|---|
| **{ } (provide cc info)** | **{ }** | **{ }** |

***Please PRINT clearly:***

_____ _____ _____
**Student's Name** **Age** **Birthdate**

_____ _____ _____
**Parents Email address** **Home Phone** **Emergency Phone**

_____
**Street Address** **City, State & Zip**

_____
**Parents' Full Names**

**I am registering for a total of _____ classes per week. Class Level:_____ Class Days and Times:**

_____

Student's academic grade for 2022/23:_____

**Payment due with this form:**
**Annual Registration Fee:** **$ 20.00**
**($30 for family with 2 or more students)**

**1st monthly tuition payment:** **$_____**
**(10% discount for 2nd , 3rd child)**

**TOTAL AMOUNT PAID:** **$**
**(with registration form)** **========**

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**CREDIT CARD INFORMATION FOR STUDENTS PAYING MONTHLY:**
**Name on credit card:**

_____

**Credit card number:** _____

**Expiration date:** _____**(month/year)**

**Security Code (CVV2):_____ zip code for card:_____**

****Please check here if you would like your credit card automatically debited each month (_____)***

**---------- (below this line for office use only) ----------**

**Reg**_____ **Jan**_____

**Aug**_____ **Feb**_____

**Sept**_____ **Mar**_____

**Oct**_____ **Apr**_____

**Nov**_____ **May**_____

**Dec**_____ **Recital**_____

**Nutcracker and Recital:**_____