

SLT Academy Registration

Student Name: _____ Grade: _____ Age: _____ Gender: _____

Parents/Guardians Name: _____

Email Address: _____ Mobile Number: _____

Class or Classes desired: _____

_____ Tuition Paid: _____

Names of those authorized to pick up student: _____

Emergency Contact 1 & Phone Number: _____

Emergency Contact 2 & Phone Number: _____

Student considerations, allergies, medications: _____

Registration & Medical policies: If SLT is unable to contact a parent in an emergency, 911 services will be used. All expenses incurred are responsibility of the parent or guardian. There is a \$10 non-refundable fee to register. Any images and/or recordings of my child/children made during the program may be used by the theatre without compensation. I agree, understand and accept these terms and policies.

Parent Signature: _____ Date: _____