

# The Blue Ridge Studio for the Performing

5 East Main Street \* Berryville, Virginia 22611  
2919. [www.blueridgestudio.org](http://www.blueridgestudio.org)

For Office Use Only	
Amount Pd.:	_____
_____ Tuition	_____ Reg. Fee
_____ Other	
Ck. #:	_____
Online Pmnt.	_____
Date:	_____
_____ Scholarship / Financial Aid	

## REGISTRATION FORM

**PARENT / GUARDIAN NAMES:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**PREFERRED PHONE# (1):** \_\_\_\_\_ **PREFERRED PHONE# (2):** \_\_\_\_\_

**MOTHER'S OCCUPATION:** \_\_\_\_\_ **FATHER'S OCCUPATION:** \_\_\_\_\_

**STUDENT'S CELL PHONE # (IF ANY):** \_\_\_\_\_ **STUDENT'S EMAIL (IF ANY):** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT THE BLUE RIDGE STUDIO?** \_\_\_\_\_

**(PREVIOUS STUDENTS: PLEASE REFER TO THE PRE-REGISTRATION / CLASS PLACEMENT FORM, AND MAKE ANY NECESSARY CHANGES.)**

**STUDENT #1 NAME:** \_\_\_\_\_

**NICKNAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

- REGISTERING FOR CLASS (ES):**
- 1) \_\_\_\_\_
  - 2) \_\_\_\_\_
  - 3) \_\_\_\_\_
  - 4) \_\_\_\_\_
  - 5) \_\_\_\_\_

**STUDENT #2 NAME:** \_\_\_\_\_

**NICKNAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

- REGISTERING FOR CLASS (ES):**
- 1) \_\_\_\_\_
  - 2) \_\_\_\_\_
  - 3) \_\_\_\_\_
  - 4) \_\_\_\_\_
  - 5) \_\_\_\_\_

**(PLEASE ATTACH SHEET FOR ADDITIONAL STUDENTS)**  
DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS THAT WE SHOULD KNOW ABOUT?  YES  NO  
(IF THE ANSWER IS YES, PLEASE ATTACH EXPLANATION TO THIS PAGE.)

**EMERGENCY CONTACT NAME (OTHER THAN PARENTS), AND RELATIONSHIP:** \_\_\_\_\_

**PREFERRED PHONE:** \_\_\_\_\_