



Studios

118 Old Dairy Road
Wilmington, NC 28405
910.506.8105

REGISTRATION

Please fill in all information below. Use one form **per student**.

Student Information

First Name Middle Name Last Name

Address City/State Zip Code

Birthday Academic School Grade

Parent Information

_____ Mother/Guardian Name	_____ Father/Guardian Name
_____ Home #	_____ Home #
_____ Work #	_____ Work #
_____ Cell #	_____ Cell #
_____ Email Address	_____ Email Address

Emergency Contact (Other than mom or dad)

Name Home # Cell #

Insurance Information

Name of Insured: _____ Employer: _____
 Plan provider: _____ Plan/Group: _____
 Does student have any allergies, physical or mental problems, or developmental disabilities that would prevent your child from participating in the Academy's regular classes? YES NO

Signature (required): _____ Date: _____/_____/_____

____ I would like to receive a scholarship application. ____ I would like to contribute to the scholarship fund.