

# After School Program 2010-2011 REGISTRATION FORM

Date Received \_\_\_\_\_



## AFTER SCHOOL PROGRAM 2010-2011

<p>Last Name _____                  First Name _____ Male or Female _____                  Age as of 9/1/10 _____ Birth Date ____/____/____                  School in Fall 2010 _____                  Grade in Fall 2010 _____</p> <p>Allergies or Intolerance to food, medication, etc.                  _____                  _____</p> <p>Any Special Needs?                  _____                  _____</p> <p>Parents/Guardians (primary contact)                  _____</p> <p>Home Address                  _____</p> <p>City/State/Zip                  _____</p> <p>Email _____ (primary contact)                  Email _____ (secondary)                  Is this student a current Lopez Studios, Inc. student? Yes * No</p>	<p>Parent/Guardian Business Phone _____                  Parent/Guardian Home Phone _____                  Parent/Guardian Cell Phone _____                  Other Phone Contact _____ ( _____ )</p> <p style="text-align: center;"><b>EMERGENCY CONTACTS</b></p> <p>Camper's Physician _____ Firm _____                  Phone _____ Health Insurance _____                  Policy Number _____</p> <p>Emergency Contact #1 _____                  Home Phone _____ Cell Phone _____                  Address _____                  Relationship to camper _____</p> <p>Emergency Contact #2 _____                  Home Phone _____ Cell Phone _____                  Address _____                  Relationship to camper _____</p> <p><b>List persons authorized to pick up student:</b>                  Name _____ Phone _____                  Name _____ Phone _____                  Name _____ Phone _____</p> <p>How did you hear about our After School Program?                  _____</p>
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### After School Program Selections

Which day(s) would you like the above student to participate in the After School Program? (1:00/3:30PM-6:30PM)

1 Day/Week (select day) M T W THR F    
  4 Days/Week (select days) M T W THR F  
 2 Days/Week (select days) M T W THR F    
  5 Days/Week M T W THR F  
 3 Days/Week (select days) M T W THR F    
  Drop-In Dates: \_\_\_\_\_

The above student will be picked-up from \_\_\_\_\_ (name of school) at dismissal.  
 School Dismissal Time: \_\_\_\_\_ School Phone \_\_\_\_\_ School Principal \_\_\_\_\_

The above student will be dropped off at the studio and **WILL NOT** need transportation from their school.

We will offer "Extended Hours" (8:30AM-6:30PM) on specific **Teacher Work Days**, and **Holidays** when public schools are closed for an additional \$15 per day/student. Please indicate which of these days you would like to reserve "Extended Hours" for the above student. Transportation **will not** be provided on these days. Students must be dropped off at the studio.  
 (select below)

- \*Teacher Work Days:  Nov. 1, 2010  Nov. 2, 2010  Jan. 31, 2011  Feb. 1, 2011  April 4, 2011
- \*Holidays:  October 11, 2010 (Columbus Day)  February 21, 2011 (Presidents' Day)
- \*Early Dismissals: We will pick-up and transport on all Monday Early Dismissal days (public schools) and select scheduled early dismissals (**Nov. 24 & June 21**) at no additional cost.

OVER FOR MORE SELECTIONS

## After School Program Preferences

**Jump Start Activities:** Please indicate how you would like the student to use his/her time in **Jump Start!**

\_\_\_ Student must participate in "Quiet Study" and start/complete homework before participating in other activities.

\_\_\_ Student may participate in "Quiet Study" if needed and may participate in other activities when ready.

\_\_\_ Student is not required to participate in "Quiet Study" and may participate in other activities at anytime.

Additional Comments/Instructions:

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**Sub-Upgrades:** I would like to "**sub-upgrade**" a class block for this registered student. Complete below for preferences.

The student is interested in **Semi-private Lessons/Private lessons** (select) in **Acting \* Piano \* Voice** (select).

Which Class Block are you interested in a "Sub-Upgrade"? (see class schedule) \_\_\_\_\_ (**name of class**)

What Day(s) are you interested in a "Sub-Upgrade"? *M T W THR F* Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

All Sub-upgrade requests are subject to availability!

You will be notified if we are able to fulfill the request. Additional Registration Forms will need to be completed.

**Complete this section if this student is already registered in another Lopez Studios, Inc. Program.**

Current Registered Program: **Semi-private Lessons/Private lessons** (select) in **Acting \* Piano \* Voice** (select).

Day(s) *M T W THR F* Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Instructor \_\_\_\_\_

Day(s) *M T W THR F* Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Instructor \_\_\_\_\_

### Registration Fees & Deposits Due

**Yearly Registration Fee/Student: \$50** (waived if already registered in another Lopez Studios, Inc. Program or if registered by **August 1.**)

**Tuition Deposit/Student: \$100** (deposits will be applied towards tuition balance based on payment plan selected)

**Total Due at Registration: \$** \_\_\_\_\_

### Please complete if paying by Credit Card

Card Holder \_\_\_\_\_ Card Type: **Visa \* MC \* Amex \* Disc**

Account # \_\_\_\_\_ Expiration date: \_\_\_/\_\_\_/\_\_\_

Authorized Signature: \_\_\_\_\_

Security Code \_\_\_\_\_ (located on back of credit card)

(please indicate option) \_\_\_ Use for Deposit Only \_\_\_ Use For Deposit & remaining balance when due

Fax Registration Form 703-787-0072  
Online Registration  
To print more registration forms visit  
[www.lopezstudios.org](http://www.lopezstudios.org)

Mail Registration Form  
Lopez Studios, Inc  
11425 Isaac Newton Sq. Suite 100 Reston, Va. 20190

Contact Us!  
703-787-0071 [info@lopezstudios.org](mailto:info@lopezstudios.org)