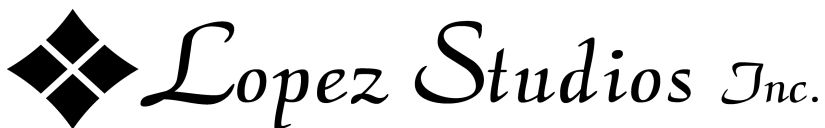


After School Program 2011-2012 REGISTRATION FORM

Date Received _____



AFTER SCHOOL PROGRAM 2011-2012

<p>Last Name _____ First Name _____ Male or Female _____ Age as of 9/1/11 _____ Birth Date ____/____/____ School in Fall 2011 _____ Grade in Fall 2011 _____</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;">EMERGENCY CONTACTS</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>List persons authorized to pick up student: 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 \$25 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. 7, 2011 _____ Nov. 8, 2011 _____ Jan. 30, 2012 _____ Jan. 31, 2012 _____ April 9, 2012
 *Holidays: _____ October 10, 2011 (Columbus Day) _____ February 20, 2012 (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:

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

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

Contact Us!
703-787-0071 info@lopezstudios.org