



Lopez Studios Inc.

Mastering Character
Development Through the Arts

**2010-2011 Registration Form
Group Lessons (piano, voice, acting)**

STUDIO SCHEDULE: Early Bird Slots (Before 4:00PM)

Monday - Friday Location: Reston Times: 11:00AM - 3:30PM

STUDIO SCHEDULE: Premium Slots (Starting at 4:00PM (M-F) & Saturday)

Monday - Friday Location: Reston Times: 4:00PM - 8:30PM

Saturday Location: Reston Times: 9:00AM - 1:00PM

FAMILY INFORMATION

Parents/Guardians _____ Phone _____ Work _____

Address _____ City _____ State _____ Zip _____

Email _____ Cell _____

School(s) _____ in 2010-2011

(please list name of school(s) registered students will attend in the upcoming year).

LESSON SELECTION:

Student Name(s): Circle enrolled concentration(s) and indicate age & date of birth under the student name.

1. Name of Primary Student (information referenced above) _____

*Selected Concentration(s) acting * voice * piano

*Age _____

*Date of Birth _____

All students are required to list three choices in order of priority and should have already confirmed availability with the "accompanying student"!

Location _____ Day _____ Earliest Time _____ Latest Time _____

Location _____ Day _____ Earliest Time _____ Latest Time _____

Location _____ Day _____ Earliest Time _____ Latest Time _____

Previous Year's Instructor _____ (returning students)

Name of Group Class Member #1 _____ Age _____

*Parents/Guardian Name _____

*Contact Phone _____

* Have you confirmed the above availability with this accompanying student?

*Have you confirmed that the accompanying student and the primary student will start lessons at similar levels and ages are within 2 years? _____

Name of Group Class Member #2 _____ Age _____
 *Parents/Guardian Name _____
 *Contact Phone _____
 * Have you confirmed the above availability with this accompanying student?

*Have you confirmed that the accompanying student and the primary student will start lessons at similar levels and ages are within 2 years? _____

Name of Group Class Member #3 _____ Age _____
 *Parents/Guardian Name _____
 *Contact Phone _____
 * Have you confirmed the above availability with this accompanying student?

*Have you confirmed that the accompanying student and the primary student will start lessons at similar levels and ages are within 2 years? _____

Name of Group Class Member #4 _____ Age _____
 *Parents/Guardian Name _____
 *Contact Phone _____
 * Have you confirmed the above availability with this accompanying student?

*Have you confirmed that the accompanying student and the primary student will start lessons at similar levels and ages are within 2 years? _____

Name of Group Class Member #5 _____ Age _____
 *Parents/Guardian Name _____
 *Contact Phone _____
 * Have you confirmed the above availability with this accompanying student?

*Have you confirmed that the accompanying student and the primary student will start lessons at similar levels and ages are within 2 years? _____

Submit the following additional forms to complete your registration:

- Registration Fee Worksheet
- Tuition Payment Option Form
- FACTS Form if you selected Payment Option C

Registration forms from all group class students must be submitted and processed before lessons can be scheduled and begin.

**Please Complete below if student is a
TRANSFER Student (has had previous instruction)**

Primary Student (please include any additional information you would like to share)

How many years previous instruction? _____

New Students: How did you hear about us? _____

WELCOME TO LOPEZ STUDIOS PERFORMING ARTS PREPARATORY SCHOOL!