

**Price Performing Arts Center**

**PRIMARY LOCATION (Check One):**

**Class Curriculum Sheet**

*(Please print all information)*

Date: \_\_\_\_\_

Student ID # \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_  **Performing Company Member:**  
**(Group)** \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE AT REGISTRATION: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

ADDRESS: (Street) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_ HOME NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

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

*(Please print clearly)*

<u>CLASS CURRICULUM</u>	<u>DAY OF WEEK</u>	<u>TIME</u>	<u>LOCATION</u>
1. Discipline 1: _____	_____	_____	<input type="checkbox"/> C.P. <input type="checkbox"/> Dec.
2. Discipline 2: _____	_____	_____	<input type="checkbox"/> C.P. <input type="checkbox"/> Dec.
3. Discipline 3: _____	_____	_____	<input type="checkbox"/> C.P. <input type="checkbox"/> Dec.
4. Discipline 4: _____	_____	_____	<input type="checkbox"/> C.P. <input type="checkbox"/> Dec.
5. Discipline 5: _____	_____	_____	<input type="checkbox"/> C.P. <input type="checkbox"/> Dec.
6. Discipline 6: _____	_____	_____	<input type="checkbox"/> C.P. <input type="checkbox"/> Dec.
7. Discipline 7: _____	_____	_____	<input type="checkbox"/> C.P. <input type="checkbox"/> Dec.
8. Discipline 8: _____	_____	_____	<input type="checkbox"/> C.P. <input type="checkbox"/> Dec.
9. Discipline 9: _____	_____	_____	<input type="checkbox"/> C.P. <input type="checkbox"/> Dec.
10. Discipline 10: _____	_____	_____	<input type="checkbox"/> C.P. <input type="checkbox"/> Dec.

**ADD DISCIPLINE**

1. Discipline: \_\_\_\_\_
2. Discipline: \_\_\_\_\_
3. Discipline: \_\_\_\_\_

**DROP DISCIPLINE**

1. Discipline: \_\_\_\_\_
2. Discipline: \_\_\_\_\_
3. Discipline: \_\_\_\_\_

TUITION AMOUNT: \_\_\_\_\_ DISCOUNT APPLIED:  Yes \_\_\_\_\_  No Monthly Payment = \_\_\_\_\_

Effective Date: \_\_\_\_\_ New Tuition Amount: \_\_\_\_\_

Effective Date: \_\_\_\_\_ New Tuition Amount: \_\_\_\_\_