

STU	DENT NAME	:	DOB:				
PAR	ENT NAME(S): (if under 18):					
PHC	ONE:		1	EMAIL:			
	New ADDRESS:		ZIP:				
C	omplete,	EMERGENCY CONTACT:	EMERGENCY CONTACT:			PHONE:	
st	Returning students, changes only		POLICY:				
	CLA	SS TITLE	DAY	TIME	DROP-IN	# OF CLASSES	
Total Amount Due: Paid with: Cash Check Online							
	I give my pe I DO NOT giv	ease agreement: rmission for ZUZI! to t e my permission for Z ons are added to our n	UZI! to take photos		romotional purposes.		
ZUZ	To pay in full Class registra ZUZ!! is not replease let us I ZUZ!! may use us know if you ZUZ!! staff, fa allegations or or events. We they are in pa ZUZ!! wants to up by parent of Due to low en Class placem	the tuition for the respetion is not complete usesponsible for money know if you are missin e video and/or photogu or your child does Noculty, Board of Director not, in any form, by a always request that o in of any kind. To ensure the safety of or guardian. I collment, classes are sent is made at the discontinuity	pective classes no intil payment is may or items lost or stong something so we raphs taken during OT want to be use ors, or lessons are ny reason of my payer dancers take caleach of its student sometimes canceled cretion of the instru	later than the second week de in full – space in class of blen, damaged or left behind e may check our lost and for class or performance for doin media print or online so not responsible for injury farticipation in ZUZI! classe are of their bodies and that the test of the test of case are downered to the test of case are downered to the test of case are of their bodies and that the test of the test of case are downered to the test of the te	is not guaranteed until com d in the studio or performa	plete. nce sites. However, purposes. Please let ur needs. her based on and related programs otify an instructor if e studio to be picked	
x _						:	
Sig	nature (Pare	ent/Guardian if u	nder 18)		Come	in. Be Moved.	