

# HARVEST PERFORMING ARTS ACADEMY

An initiative of Harvest Church.

2727 Fortner Street • Dothan, AL 36305

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www.harvestdothan.com/hpaa

## 2009-2010 STUDENT ENROLLMENT FORM

*(please print clearly)*

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Male/Female

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Dad's Work#: \_\_\_\_\_

Dad's Cell#: \_\_\_\_\_

Dad's Email: \_\_\_\_\_

Mom's Work#: \_\_\_\_\_

Mom's Cell#: \_\_\_\_\_

Mom's Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you attend Harvest? \_\_\_\_\_

Are you a member? \_\_\_\_\_

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I wish to register for: \_\_\_\_\_  
\_\_\_\_\_

Previous experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Disclaimer

While I understand that all reasonable care will be taken by the teachers and staff, I accept full responsibility for any injuries incurred while attending classes, and in the case of an emergency, I authorize teachers/staff to take any action deemed necessary.

### Photo and Video Release

I give permission for any photos or video to be used for any advertising or promotional material for Harvest Performing Arts Academy.

Student Signature: \_\_\_\_\_  
\_\_\_\_\_

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

Parent Signature: \_\_\_\_\_  
\_\_\_\_\_

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

-----Office Use Only-----

Instructor: \_\_\_\_\_

Lesson: \_\_\_\_\_

Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_

Room #: \_\_\_\_\_ \$30 Reg Fee Date Paid: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_