



FALL REGISTRATION 2018/19 SEPTEMBER – MAY SESSION

STUDENT _____ **DATE OF BIRTH** _____

PARENT/GUARDIAN _____

ADDRESS _____ **CITY** _____ **ZIP** _____

PHONE _____ **EMAIL** _____

Please check your desired payment plan

_____ Pay in full (receive \$20 off each class enrolled) _____ 2 Payments _____ 8 Payments

2018/19 Waiver (required for all students)

By enrolling my child/children/self at MKSD, I agree that pictures and video taken may be used for ads, printed material or video by MKSD. I do not hold MKSD or its employees liable for injuries that may occur during classes, rehearsals, or performances. I give permission for an employee of MKSD to seek medical attention for my child if necessary.

Please list any medical conditions you would like MKSD staff to be made aware

Parent/Guardian Signature _____ Date _____

Office Use Only: Class(es) Enrolled _____