



D. C. Productions

Musique Show Choir

Student Information:

Student's First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date: _____

School: _____ Grade Level: _____

Students E-mail: _____

Female or Male

Family Information:

Contact #1 First Name: _____ Last Name: _____

Relation to Member: _____

Home Phone: _____ Cell Phone: _____

E-mail Address : _____

Contact #2 First Name: _____ Last Name: _____

Relation to Member: _____

Home Phone: _____ Cell Phone: _____

E-mail Address : _____

Mail in payment & form to:
709 Grand View Ridge Ct * Eureka, MO *63025
Or E-mail form to dana@dcpshow.biz

Student Details



Disabilities: _____

Special Needs: _____

Allergies: _____

Medications: _____

Primary Doctor: _____

Emergency Contact

(Not Contact #1 or #2)

Name: _____

Phone Number: _____

Relation to Member: _____

Payment

Registration Fee: \$25 per family

Reg. Fee: \$25.00

Tuition Payment: \$375

(Payment Plan option \$175 registration, \$100 Nov. & \$100 Feb.)

Tuition Fee: \$

Sibling Discount: \$325

Sibling Fee: \$

Total Amount: \$

Checks payable to: D.C. Productions or DCP

Policy Agreement

Release/Waiver: I hereby agree to indemnify and hold harmless D.C. Productions and its employees from and against any and all claims for personal injuries or damages of any kind arising from participation in the Musique Show Choir Program. Further, I authorize D. C. Productions Staff and employees to seek emergency medical help if this becomes necessary. I realize that every effort will be made by the staff to contact me in the event of a medical emergency involving my child and I agree to indemnify and hold harmless D.C. Productions staff personnel in seeking medical care for my child.

Refund Policy: The last day to withdraw and receive a refund is October 1st. If you must withdraw after the deadline, no refund will be given, except for documented medical reason.

Photo Consent: By your signature, you agree that D.C. Productions may use the above named student's photograph in the routine promotion of its classes and activities and for other non-commercial applications.

Parents/Guardian Signature _____

Date: _____

Print Parents/Guardian Name _____