



## Course Registration

Mail completed forms to: Imago Performing Arts, 505 N Park Dr., Belton, MO 64012

Or

Scan and email completed forms to: info@imagoarts.com

**PLEASE PRINT CLEARLY**

Which Class are you registering for? \_\_\_\_\_

Student (First/Last name) \_\_\_\_\_ Birthdate \_\_\_\_\_

Email \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Legal Guardian (First/Last name) \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Email \_\_\_\_\_ Phone# \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_

Relationship to Student \_\_\_\_\_

*Please list names of adults other than yourself approved to pick up your child from class.*

(1) Name (First/Last) \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to Student \_\_\_\_\_

(2) Name (First/Last) \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to Student \_\_\_\_\_

(3) Name (First/Last) \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to Student \_\_\_\_\_

**I have read the Payment policy and Covid policy that are available on the website, and I agree to abide by them.**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_