



NEWAVE STUDIOS STEAM PROGRAM

Summer Registration Form

Student Name _____ Date of Birth _____

Address _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email _____

Submit a copy of your child's report card. (For tutoring purposes)

Please submit basic income information if you are interested in discounted tuition. (Discounts will be given on a need basis). Not first come, first serve.

Parent Name (if student is a minor) _____

Registration Enclosed \$ ____ Tuition Enclosed \$ _____ Tuition can be paid via check/cash/credit.

*Please write your initials that you understand there are field trips and give permission for my child to attend (you will be given a weekly itinerary) __

*Please circle yes or no and your initials that you understand that in case of emergency your child may need medical care and you allow them to be taken to a hospital. yes or no ____

*Please write your initials that you understand Newave Studios has a youtube channel called "Newavedance". And some classes will be recorded and uploaded to the youtube channel. _____

Please return to:

Newave Studios
1818 Jackson St,
Scranton Pa 18504