



NEWAVE STUDIOS SCHEMA PROGRAM

Summer Registration Form

Classes start July 7th 2025

Student Name _____ Date of Birth _____

Address _____ Zip _____

Cell _____ Email _____

Submit a copy of your child's report card. Optional (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. Monthly income: _____

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 social media and some classes will be recorded and uploaded. _____

Please return to:
Newave Studios
Scranton Pa 18504
1818 Jackson St,