



CLASS REGISTRATION FORM

Student's Name: _____

Grade: ____ Age: ____ Email: _____

Parent/Guardian's Name(s): _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

How did you hear about Redmond Academy: website ____ email ____ friend ____ other ____

Class Name	Day and Time	Tuition

Total Amount Due: _____

Payment method: Cash ____ Check ____

Parent/Guardian signature: _____ Date: _____

Please return all completed forms and/or payment to:

The Redmond Academy of Theatre Arts
 18001 NE 76th St. Ste. #110, Redmond, WA 98052
 Questions? Contact rataoffice@gmail.com
 Visit us online at www.redmondacademy.org

For Office Use Only

Payment Received?	Check Number
Data entered?	Date