

STARS Enrollment Form
Spotlight Acting School

Student Name: _____ Birth date: _____

Parent(s) Name: _____ Cell Phone: _____

Emergency Contact: _____ Cell Phone: _____

Street Address: _____ City: _____ Zip: _____

Email Address: _____

School Child Attends: _____

Any medical/allergies/social issues we need to know about: _____

By signing below, I understand that I am enrolling my child(ren) in the STARS program of Spotlight Acting School. I also understand that my monthly tuition fee is to be paid monthly by the 10th day of each month and that failure to pay may result in my child being disenrolled.

Monthly Enrollment at \$120.00 each month

6-month Enrollment \$110.00 each month (Saves \$60)

1-year Enrollment \$100 each month (Saves \$240)