



SPRING SESSION 2014 REGISTRATION FORM FEBRUARY 25 2014 TO May 31

Student Name: _____ Start Date: _____

Birth Date: _____ Age: _____ Sex: M F

Email: _____

Home Phone: _____ Cell Phone: _____

WHO TO CONTACT IN CASE OF EMERGENCY:

Name: _____

Phone: _____

Do you have medical insurance? Yes No

If yes, please name your insurance

Provider: _____

TUITION RATES PER STUDENT THREE MONTH SESSION BY THE CLASS (NOT PER DAY)	
Entire Session: One Class/Hour per Week	\$150.00
Entire Session: Two Classes/Hour per Week	\$260.00
Entire Session: Three Classes/Hour per Week	\$350.00
Entire Session: Unlimited Classes per Week	\$390.00
Drop-in Rate: Regular Class/Hour	\$15.00
Private Class: One Hour	\$60.00
Private Discount Package (Three Hours)	\$140.00

Parent or Guardian Signature _____

(Please Print) _____

**Sophia Isadora Academy of Circus Arts
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