



**KEVIN JONES**  
**PERFORMING ARTS**  
**S·T·U·D·I·O**

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## 2019-2020 REGISTRATION FORM

*Please Print Legibly with a dark pen*

Your Name: \_\_\_\_\_

Your Age (as of 08/12/19): \_\_\_\_\_

Your Birthday: \_\_\_\_\_

Name of School you attend: \_\_\_\_\_ Grade (as of 08/12/19): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_

Parent Cell phone: Mom: \_\_\_\_\_

Dad: \_\_\_\_\_

Parent Work phone: Mom: \_\_\_\_\_

Dad: \_\_\_\_\_

Parent Occupation and place of employment:

Dad: \_\_\_\_\_

Mom: \_\_\_\_\_

Student e-mail: \_\_\_\_\_ Parent e-mail: \_\_\_\_\_

Parent names: \_\_\_\_\_

Sibling(s) names and ages: \_\_\_\_\_