



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

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2020-2021 REGISTRATION FORM

Please Print Legibly with a dark pen

Student Name: _____

Student Age (as of 08/15/20): _____

Student Birthday: _____

Name of School you attend: _____ Grade (as of 08/15/20): _____

Address: _____

City: _____ Zip: _____

Parent names: _____

Sibling(s) names and ages: _____

Home phone: _____

Student Cell Phone: _____

Mom Work phone: _____

Mom Cell Phone: _____

Dad Work phone: _____

Dad Cell Phone: _____

Parent Occupation and place of employment:

Dad: _____

Mom: _____

Parent e-mail: _____ Student e-mail: _____