



Registration Form— (203) 458-1929
ALLEGRO PERFORMING ARTS ACADEMY
29 Soundview Rd. • Unit 8 • Guilford, CT 06437
website: allegropacademy.com

Name of Student _____
Date of Birth _____
Parent or Guardian _____
Address _____ Town _____ Zip _____
Phone (home) _____ (cell or business) _____
Program _____ Time _____
Email _____

Please call Joan Logan, Director, if you have any questions.

Photo Release

I give Allegro Performing Arts Academy permission to publish in print, electronic, or video format the likeness or image of my child. I understand that neither my child's name nor any type of identification will be published.

MINOR'S NAME: _____

YOUR NAME (Parent or Guardian, Please print): _____

YOUR SIGNATURE: _____

DATE: _____

General Guidelines: It is recommended that a release be obtained when photographing or videotaping a minor (under 18). Parent or guardian signatures are required; signatures of minors are not sufficient. When images are published, Allegro Performing Arts Academy will take cautionary steps to provide minimum identifying information and will not use specific street or mailing addresses, e-mail addresses, or phone numbers. If you have questions, please contact Joan Logan at 203-458-1929.