



# RETURNING STUDENT REGISTRATION FORM 2010-2011

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age (as of 9/1/10): \_\_\_\_\_

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

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

Mother Name \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## **REGISTRATION/TUITION & FEES**

### **REGISTRATION FEE**-DUE WITH FORM SUBMISSION

BEFORE MAY 31 – \$25 FIRST/\$20 ADDITIONAL CHILD IN SAME FAMILY  
AFTER JUNE 1 – \$30 PER STUDENT

\_\_\_\_ TO BE PAID WITH ENCLOSED CHECK OR \_\_\_\_ TO BE PAID VIA CREDIT CARD INFO BELOW

### **TUITION**-PLEASE CHECK ONE

SELECT PREFERRED METHOD OF PAYMENT FOR TUITION-EXACT AMOUNT /PAYMENT DUE DATES WILL BE SENT WITH ENROLLMENT CONFIRMATION

\_\_\_\_ PAY IN FULL FOR YEAR (5% DISCOUNT)

\_\_\_\_ ACH/AUTO CHECKING WITHDRAWAL (REQUIRED FOR INSTALLMENT PAYMENTS)

### **Credit Card INFO:**

MC VISA Discover (Circle One)

Card# \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card: \_\_\_\_\_ Security Code \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

\_\_\_\_ MC/VISA/DISCOVER (REQUIRED FOR INSTALLMENT PAYMENTS)

### **POLICIES** PLEASE REVIEW EACH OF THE POLICIES, INITIAL EACH CLAUSE AND SIGN BELOW:

**LIABILITY DISCLAIMER:** The New Hampshire Academy of Performing Arts (NHAPA) and its instructors are not liable for personal injuries or loss or damage to personal property. Each student may decline to participate in any activity which may be harmful. Please inform your instructor of any physical limitations you may have. All students must have a signed medical information form on file at NHAPA. If circumstances change after completing the medical form, please notify the studio in writing. After an extended illness, physical injury, or accident a doctor's written approval is required in order for the student to resume classes. The doctor's statement should include that the student can resume "VIGOROUS PHYSICAL ACTIVITY WITH NO RESTRICTIONS". Students' are not permitted to leave school alone or with other students; NHAPA assumes no responsibility for any student who does. [INITIAL \_\_\_\_\_]

**REGISTRATION, TUITION, AND COSTUME FEES:** Registration forms will not be processed unless accompanied by the appropriate non-refundable registration fee(s). Tuition must be paid for all scheduled classes, whether or not the student is in attendance (make up classes are available). Any voluntary participation, in additional performances or activities, will require a parental consent form assuming responsibility for any additional fees incurred. An initial costume deposit of \$50.00 per class will be invoiced and is due by November 15th. Costume deposits are non-refundable after November 15th, as costumes cannot be cancelled once the order is placed. Any remaining costume balances will be invoiced after the first of the year. [INITIAL \_\_\_\_\_]

**WITHDRAWAL FROM SCHOOL:** Class space is reserved for you and you are responsible and obligated to pay all tuition until NHAPA receives proper written notification directly from the student's parent or legal guardian. If written notification is received prior to February 28, 2011 student will receive all unused tuition only. If written notification is received March 1, 2011 or later tuition is non-refundable. The timing of unused tuition will commence from the date written notification is received. Simply failing to attend class or phone call is NOT acceptable notification. Parents or legal guardians are responsible for any outstanding balances, including costumes once they have been ordered. **[INITIAL \_\_\_\_\_]**

**PHOTO/VIDEO USE RELEASE:** I give permission for images of my child to be used by NHAPA for promotional purposes, press releases and NHAPA website use. NHAPA will not associate child's name with photos without seeking additional permissions. **[INITIAL \_\_\_\_\_]**

I HAVE READ AND UNDERSTAND THE ABOVE POLICIES OF NHAPA.

Signed \_\_\_\_\_

Date \_\_\_\_\_

(Parent or Legal Guardian)

**STUDENTS 10 and UNDER**

PLEASE INDICATE THE CLASS (ES) IN WHICH YOU WISH TO ENROLL-CONSULT ONLINE SCHEDULE FOR DAYS/TIMES

**STUDENTS 11 and UP**

PLEASE INDICATE YOUR REGISTRATION REQUESTS

Class Name	Day/Time Preference 1 <sup>st</sup> Choice	Day/Time Preference 2 <sup>nd</sup> Choice
Preschool (3-4 years)		
Primary I (4-5 years)		
Primary 2 (5-6 years)		
Ballet/Jazz Basics (6-7 years)		
*Tap/Hip Hop Basics (6-8 years) (8 Week Program Sessions)	SUBMIT SEPARATE 8 WK SESSION REG FORM	
Ballet/Jazz Combo (7-9 years)		
*Tap Basics II (7-9 years)		
Ballet Level I		
*Tap Level I		
*Jazz Level I		
Pre-teen Hip Hop (9+)		
Pre-teen Contemporary Ballet (9+)		
Boyz		

**PLEASE SELECT ONE:**

\_\_\_\_\_ EXACT RECOMMENDED PROGRAM OF STUDY LISTED IN RECOMMENDED FORM (MAILED TO HOME)

\_\_\_\_\_ RECOMMENDED PROGRAM OF STUDY LISTED IN RECOMMENDATION FORM (MAILED TO HOME) WITH THE FOLLOWING **EXCEPTIONS:**

\_\_\_\_\_

\_\_\_\_\_ RECOMMENDED PROGRAM OF STUDY LISTED IN RECOMMENDATION FORM (MAILED TO HOME) WITH THE FOLLOWING **ADDITIONS:**

\_\_\_\_\_

PLEASE INDICATE THE DAYS/TIMES YOU CANNOT ATTEND CLASS FOR PLACEMENT CONSIDERATION:

\_\_\_\_\_

**FOR OFFICE USE ONLY**

Check # \_\_\_\_\_ Date: \_\_\_\_\_

Rec'd \_\_\_\_\_

\* REQUIRES ENROLLMENT IN AT LEAST ONE BALLET CLASS PER WEEK (TRADITIONAL OR SESSION)

