



# Spring 2010 Registration Form

STUDENT NAME \_\_\_\_\_ Age as of Jan. 1, 2010 \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Parent/Guardians \_\_\_\_\_ Parent Email \_\_\_\_\_  
 Student Email \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
 Emergency Phone \_\_\_\_\_ (Medical issues must be reported to the office prior to the 1st day of class.)

MY CONTACT INFO HAS NOT CHANGED

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Class	Day (s)	Time	Performing?		Hours/week
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	

Total Hours per week = \_\_\_\_\_  
 Hourly Rate (see Price List) x \_\_\_\_\_

SUBTOTAL =

**RECITAL COSTUMES**  
 (Studio company members and lead roles,  
 please call for your costume total.)

Level A \$30 x \_\_\_\_ = \_\_\_\_  
 Level B \$35 x \_\_\_\_ = \_\_\_\_  
 Level C \$40 x \_\_\_\_ = \_\_\_\_  
 Level D \$45 x \_\_\_\_ = \_\_\_\_  
 TOTAL \$ \_\_\_\_\_

**Regular Plan**      **Monthly Payment**  
 (divide Subtotal by)      (divide Subtotal by 4)

    

REGISTRATION FEE (per student) +  \$15.00       \$25.00

COSTUME TOTAL +

MINIMUM DEPOSIT due by 1/1/10 =      

**PARENT/STUDENT AGREEMENT (READ CAREFULLY BEFORE SIGNING!)**

1. I understand that I/my child am/is required to attend the **last three (3) weeks of class** (April 24th–May 15th) in order to participate in the recital. I/they also must be in attendance at **dress rehearsal on SATURDAY, MAY 8th**. No exceptions will be made to these rules—thanks for your cooperation!
2. I understand that upon signing this form, I am **financially responsible for costume costs** related to the classes I will be performing with, as listed above. I also understand that these costume fees are non-refundable.
3. I hereby release PA Academy of the Arts, its agents and employees from all **liability for personal injury, illness or property damage** occurring on or off the school's premises. I have read the registration information and understand the **School's policies** as outlined. I understand that I am **responsible for tuition payments** as described. I certify that **I am in good health and capable of participating** in all school activities and classes. I hereby give permission for Pennsylvania Academy of the Arts to take **photographs for promotional uses** for the school. I authorize PA Academy of the Arts employees to **call the paramedics and discharge me/my student to an ambulance** if I am not able to authorize it in a medical emergency.

Student's Signature (18 & older) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Make checks/money orders payable to PA Academy of the Arts. Drop off or mail forms to 200 Old Fort Rd, Spring Mills, PA 16875