



School of Dance & Musical Theatre Spring Registration Form 2012

ABOUT THE STUDENT

Student's Name

Last

First

Date of Birth Age on 8/22/11

Gender Ethnicity (for statistical purposes)

School (if applicable) Grade

BILLING & CONTACT INFORMATION

Billing Contact Name

Last

First

Mailing Address

City State Zip Code

Home Phone Cell Phone

E-mail Address

Occupation

Emergency Contact Name

Last

First

Home Phone Cell Phone

MEDIA RELEASE

Unless notified in advance in writing, enrolled students/parents give permission for the Harmony School to photograph or audio/videotape footage of classes, lessons, and other activities without advance notice, and to publish royalty-free in its print, audio and electronic promotions, including the website.

If you **DO NOT** give Harmony School permission to use photos of the above registered student, please sign and date below:

Signature of Parent/Legal Guardian or Student (if over 18)

Date

MEDICAL RELEASE

Physician Phone

Are immunizations, including tetanus, current? Yes No

Allergies

Medications currently being taken

In case of a medical emergency, after every reasonable effort has been made to contact me, the child's physician, or the person listed as "Emergency Contact," I hereby give my permission to the Emergency Medical personnel and/or physician contacted by the adult in charge to secure treatment for me or my child. In the event that any such treatment is not covered by insurance applicable to the activities, I agree to pay expenses incurred in such emergency treatment.

To the best of my knowledge, the information contained on this sheet is correct. Except as noted, the person herein described has permission to engage in all activities he/she has enrolled in.

Signature of Student (if over 18) Date

Signature of Guardian (if under 18) Date

MY CLASSES

Class Name Day Class Length

Class Name Day Class Length

Class Name Day Class Length

Class Name Day Class Length

TUITION & PAYMENT INFORMATION (20 WEEK SPRING SEMESTER)

# of Hours/Week	Semester	5 Payments	# of Hours/Week	Semester	5 Payments
45 minutes	\$260	\$52	2.5 hours	\$525	\$105
1 hour	\$300	\$60	3 hours	\$600	\$120
1.25 hour	\$340	\$68	3.5 hours	\$650	\$130
1.5 hour	\$380	\$76	4 hours	\$700	\$140
1.75 hour	\$420	\$84	All U Can Dance	\$750	\$150
2 hours	\$460	\$92	Musical Theatre	\$400	\$80

FRIEND OF HARMONY MEMBERSHIP: Check with the office for more information on memberships.

REGISTRATION FEES: (waived with membership)

Family - \$25 Individual - \$15

PAYMENT OPTIONS:

Semester in Full Monthly Payments Automatic Debit/Credit Card Payments
(must provide credit or debit card number)

I have read and agree to abide by the School's policies as outlined in the Student Handbook and understand the Board of Directors can change these policies at any time.

Tuition

Registration Fee

Total

Signature of responsible party

Date