



School of Dance & Musical Theatre
Registration Form 2009-2010

Student's Name

Last

First

Date of Birth Age on 8/24/09

Gender Ethnicity (for statistical purposes)

School (if applicable) Grade

Billing Contact Name

Last

First

Address

City State Zip Code

Home Phone Cell Phone

E-mail Address

Emergency Contact Name

Last

First

Home Phone Cell Phone

I, _____, the parent/legal guardian, give permission to Harmony School of Creative Arts to use any photographs or like media (i.e. video) of my child, _____, for any purpose such as publicity, promotional materials, or any other use deemed appropriate by the School's Employees.

Or

I, _____, the parent/legal guardian do not give Harmony School of Creative Arts permission to use any photographs or any like media of my child, _____.

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	<input type="text"/>	Day	<input type="text"/>	Class Length	<input type="text"/>
Class Name	<input type="text"/>	Day	<input type="text"/>	Class Length	<input type="text"/>
Class Name	<input type="text"/>	Day	<input type="text"/>	Class Length	<input type="text"/>
Class Name	<input type="text"/>	Day	<input type="text"/>	Class Length	<input type="text"/>

TUITION & PAYMENT INFORMATION (20 WEEK SPRING SEMESTER)

# of Hours/Week	Semester	5 Payments	# of Hours/Week	Semester	5 Payments
30 minutes	\$160	\$32	2.5 hours	\$490	\$98
45 minutes	\$240	\$48	3 hours	\$530	\$106
1 hour	\$260	\$52	3.5 hours	\$580	\$116
1.25 hour	\$300	\$60	4 hours	\$630	\$126
1.5 hour	\$340	\$68	All U Can Dance	\$680	\$136
1.75 hour	\$375	\$75	Musical Theatre	\$280	\$70 (4 pymts)
2 hours	\$410	\$82		(spring semester only)	

REGISTRATION FEES:

Family - \$25 Individual - \$15

PAYMENT OPTIONS:

Semester in Full Monthly Payments Automatic Debit/Credit Card Payments

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