

Stapleton School of Performing Arts 2009/10 Registration Card/Emergency Information

Please print: Student Name _____ DOB _____ M F

Mailing Address: _____ School _____ 09/10 Grade _____

City/Zip (Please include zip) _____

Email _____ May we add you to our email list for school updates? Yes No
 Yes I want to "go green" and receive all invoices and statements via email.

Parent(s) or Guardian(s) with whom student resides:

Phone Numbers:

Mother/Parent 1 Name: _____ Parent 1 home ph#: _____

Address (if different from above): _____ Parent 1 work ph#: _____

Parent 1 cell/ pager: _____

Father/Parent 2 Name: _____ Parent 2 home ph#: _____

Address (if different from above): _____ Parent 2 work ph#: _____

Parent 2 cell/ pager: _____

Student resides with: Both parents Single Parent Guardian Foster Parent

Please indicate any allergies, medical or psychological conditions or other information about your child that will help us:

PLEASE CHOOSE YOUR CLASS CAREFULLY! After first change there will be a \$25 transfer fee.

Class Name _____ Selected Day: _____ Time: _____

2nd choice (in the event the above class is full): Day: _____ Time: _____

Once enrolled, your space in the class is guaranteed for the school year. You are responsible for tuition unless you notify us in writing that your child is discontinuing

YOUTH COMPANY PACKAGES (Please list your selected technique class(es) above and below)

APPRENTICE \$370 PRE JR 1 COMPANY \$410 PRE JR 2 COMPANY \$450 JUNIOR COMPANY \$595 SENIOR COMPANY \$755

Add'l. Class: _____ Day/Time: _____ Add'l Class: _____ Day/Time: _____

Add'l. Class: _____ Day/Time: _____ Add'l Class: _____ Day/Time: _____

Note: Ballet 5 and up are recommended to take 2 classes per week; Advanced should take as many classes per week as possible.

Total Tuition: _____ Plus Reg Fee \$35 TOTAL AMOUNT DUE: _____

If you wish to pay by Mastercard/Visa, you must fill out the enclosed credit card payment authorization form.

IMPORTANT...PLEASE READ THE FINE PRINT, YOUR SIGNATURE MEANS YOU AGREE TO:

1. Drop off and pick up children on the south side of Greenfield in front of the studio, or park in legal spaces on Greenfield and accompany any child under 9 years of age to studio.
2. NOT make any U-turns, nor use the driveway as a turn around.
3. NOT double park or park illegally in any way.
4. NOT use any private parking (e.g. Matteucci's), or parking that is designated for other Greenfield Ave. merchants.
5. **Notify the school in writing (email is fine) if my child discontinues class, and be responsible for tuition until such notification is received.**

I have read the conditions above and agree to adhere to these traffic safety rules. In addition, I hereby agree to indemnify and hold harmless the Stapleton School of the Performing Arts, and its officers, contractors and employees, and any community organization co-sponsoring the program, from and against any and all liability for any injury which may be suffered by me or my child, arising out of, or in any way connected with participation in the program named above. In case of emergency, my child may be treated by a qualified physician. Photographs of my child in class or performing may be used by the Stapleton School. **Signature below acknowledges compliance with all rules and procedures as outlined in the 2009/10 registration packet. (In plain English: Make sure you've read it all!!)**

PARENT SIGNATURE/DATE _____