



Brookfield School of Performing Arts 2010-2011 Registration Form

Student Name _____ Age _____ D.O.B. _____

Street Address _____ City/State _____

Zip _____ Home Telephone _____ Cell # _____

Work # _____ E-Mail _____

Parent's Names _____ Emergency contact: _____

Prior Dance Training? Yes _____ No _____ No. of yrs? _____ Where? _____

Does your child have any injuries, medical conditions, or food allergies we should know about?

I, _____ the parent/guardian of _____, do hereby release and waive any and all liability against the Brookfield School of Performing Arts and its staff for injury, or loss of property while participating in a dance class (es), performance, or any other class/workshop offered by this school. I agree to the payment terms for my child upon registration. I agree to pay a \$30.00 bank charge if my check is returned for insufficient funds. I agree to pay the \$15.00 late fee for past due tuition. I understand that no refunds or cash credits will be given if for any reason my child drops out or doesn't complete each of the programs in its' entirety.

Parent/Guardian Signature _____ Date _____

Class _____ Class _____

Class _____ Class _____

Class _____ Class _____

Class _____ Class _____

Total Weekly Hours: _____ Yrly. Tuition Amt:\$ _____ ¼ Pymnt Amt.\$ _____ Monthly amt. \$ _____

of Costumes ordered _____ Dep. Amt. Pd. \$ _____ Bal. Due \$ _____