



Brookfield School of Performing Arts 2017-2018 Registration Form

Student Name _____ Age _____ D.O.B. _____ Grade Entering: _____

Street Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell # _____ Work # _____

E-Mail Address: _____ Parent's Names _____

Emergency contact information: _____

Do you have any injuries, medical conditions, or food allergies we should know about? Yes No

Please list: _____

Do you have any prior dance training? Yes No For how many years? _____

What types of dance have you studied? _____ Where? _____

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 for missed or canceled classes due to inclement weather or if for any reason my child drops out or doesn't complete each of the programs in its' entirety.

Parent/Guardian Signature _____ Date _____

<u>CLASS</u>	<u>DAY</u>	<u>TIME</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OFFICE USE ONLY

Total # Weekly Hrs:	Yrly Tuition Amt: \$	Monthly Payment Amt: \$	
Recital Pkg. Deposit:	Pkg. Bal. Due:	Reg. Fee Recv'd:	Parent Agreement Recv'd: _____