

**378 Halstead Avenue, Harrison, NY 10528 914-358-4222**

**Registration Student SESSION:** Choose an item. **YEAR:** Choose an item.

Student’s name: Click here to enter text. Birth date: Click here to enter text.

Home address: Click here to enter text.

Email: Click here to enter text. Home phone: Click here to enter text.

Mother’s name: Father’s name: Click here to enter text.

Mom’s cell: Click here to enter text. Father’s cell: Click here to enter text.

Mom’s work: Click here to enter text. Father’s work: Click here to enter text.

First person to contact: Click here to enter text.

**Emergency Contact:**

Name: Click here to enter text. Relationship: Click here to enter text. Phone: Click here to enter text.

**Child Pick Up Contacts:**

Name: Click here to enter text. Relationship: Click here to enter text. Phone: Click here to enter text.

Name: Click here to enter text. Relationship: Click here to enter text. Phone: Click here to enter text.

**Classes:**

Class: Click here to enter text. Day/Time: Click here to enter text.

Class: Click here to enter text. Day/Time: Click here to enter text.

Class: Click here to enter text. Day/Time: Click here to enter text.

Class: Click here to enter text. Day/Time: Click here to enter text.

Class: Click here to enter text. Day/Time: Click here to enter text.

**Tuition NYPAC discounted tuition (cash or check)**

Registration Fee: $25 $25

1 class/week (45 min) $370 $375

2 class/week (45 min) $700 $695

1 class/week (1hr.) $410 $405

1 class/week (1.5 hrs) $525 $520

2 classes/week $745 $740

Total tuition: Click here to enter text.

Registration Fee: $25

**Total: Click here to enter text.**

3 classes/week $1,116 $1,108

4 classes/week $1,485 $1,470

5 classes/week $1,630 $1,610

6 classes/week $1,854 $1,834

SHOWSTOPPERS $500 $495

Acting Class 1½ hrs for 12 weeks $455 $450

Private voice ½ hr $48 $45 (Paypal)

Private voice 1 hr $83 $80 (Paypal)

Private dance ½ hr $45

Private dance 1 hr $85

Physician’s name: Click here to enter text. Phone: Click here to enter text.

* Does your child have any allergies & or health issues? Choose an item.
* If yes, please specify: Click here to enter text.
* Please list any medication your child takes regularly Click here to enter text.

**Authorization of treatment**

I consent to the participation of my child in NYPAC classes. I certify to the best of my knowledge, and subject to the limitations stated below, my child is physically capable of participating in class, and that participating in class will not pose any undue risk to his/her health & safety, or the safety of others. I certify that my child has the following health conditions which will limit or prevent him/her participation in class: Click here to enter text.

In the event all reasonable attempts to contact me and my child’s emergency contact have been unsuccessful, I give consent to the administration of my child of any medical treatment deemed necessary by a licensed physician, and the transfer of my child to any hospital reasonably accessible. I understand and agree that NYPAC does not assume responsibility for any injury or damage which might arise out of it with connection with such authorized medical treatment. I certify that I will inform NYPAC of any changes in the information presented above. I understand that this consent and certification is valid.

Parent or guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: Click here to enter a date.

**Photo/Video release:**

**NYPAC occasionally uses photos or videos from the studio for advertising. Please read below**

I hereby consent to and authorize the use and reproduction of my child’s image in print, video, or electronic format by NYPAC of any and all photographs/videos which have been taken by NYPAC, without compensation. All images, electronic negatives and positives, together with prints and videos, are owned by NYPAC.

I hereby acknowledge that I am 18 years of age or older and have read and understood the terms of this release.

Choose an item.

Parent or guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

**Refund Policy:**

When you register for dance classes, you are making a full term commitment and are responsible for paying for the entire semester. NYPAC offers free trial classes before making a semester commitment. If you withdraw from class there will be **no refund or credits** to your account unless a student is injured. In which case we will issue a credit only for that student. The $25 administration fee is non-refundable.

**Payment Policy:**

If you are on a payment plan**, regardless if you pay your bill in cash or by check, you must provide a credit card to keep on file.** All payments are due by the 1st of each month. If payment is not received by the 1st of the month, NYPAC has the authority to charge your credit card for the amount due. If a student withdraws from class the credit card on file will be charged for the balance due. NYPAC accepts payment in the form of cash, check or credit card (Visa or Mastercard).

**Credit card number: Click here to enter text.**

**Visa or Mastercard:** Choose an item.

**Expiration date: Click here to enter a date.**

**I have read and agree to all the above policies**

Parent’s or guardian’s name: Click here to enter text.

Parent’s or guardian’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click here to enter a date.