



Specialty Class 2011-2012 Registration Form

Student Information:

Student(s) Name _____	Grade _____	Age _____
School _____	2011-2012	Birthday _____
Parent/Guardian _____		
Phone (H) _____	(W) _____	(Cell) _____
Address _____	City _____	State _____ Zip _____
Email _____ (please write legibly)		

Class Selection: Please select classes to enroll above student. *See descriptions for details.*
See back for class fees.

Fall Classes 2011 Sept. 24, 2011 – Jan. 14, 2012

<u>Kidz Create! Theater & Acting Classes ages 6-8</u> <input type="checkbox"/> Kidz Acting Up! S-10:00	<u>General Specialty Theater & Acting Classes ages 9-16</u> <input type="checkbox"/> Music Theater Acting Sat-11:00 AM <input type="checkbox"/> Characterization Sat-12:00 PM
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# Of Classes _____	Fall Semester Tuition Estimate \$ _____
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Spring Classes 2012 Feb. 11, 2011 – May 12, 2012

<u>Kidz Create! Theater & Acting Classes ages 6-8</u> <input type="checkbox"/> Kidz On Broadway! S-10:00	<u>General Specialty Theater & Acting Classes ages 9-16</u> <input type="checkbox"/> Music Theater Acting Sat-11:00 AM <input type="checkbox"/> Characterization Sat-12:00 PM
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# Of Classes _____	Spring Semester Tuition Estimate \$ _____
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OVER

2011-2012 Specialty Class Fees

Full Year Program Student: (FYPS)

Students who are currently enrolled in any of our Full Year Programs.

Private Lessons/Semi-Private/Group Lessons

Specialty Class Program Only Student: (SCPOS)

Students who are only enrolled in the Specialty Class Program.



FYPS FEES 2011-2012 12 Week Class \$295/Class	SCPOS FEES 2011-2012 12 Week Class \$340/Class
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Registration Fees: Must complete and submit **Registration Fee Worksheet** for Payment **Due With Registration.**

Tuition Deposits: Must complete and submit **Registration Fee Worksheet** for Payment **Due With Registration.**

- \$100/Class Per Student** (deposit to be applied to balance as a credit)
- Deposit not required if paying in full at registration or if registering after the class has started**

Tuition Payment Terms:

- * Fall Semester Tuition Balance (**session 1 classes**) is due by **August 1, 2011** or upon enrollment if after this date.
- * Spring Semester Tuition Balance (**session 2 classes**) is due by **January 1, 2012** or upon enrollment if after this date.
- *All Registration Fees, Material Fees, and Tuition Deposits are non-refundable.
- *Withdrawal from a class will require written notification 2 weeks before balance is due otherwise student will be responsible for the full balance due at that time for all enrolled class (es). Withdrawal with proper notification will entitle the student to a credit for the withdrawn class (es) minus the Tuition Deposit to be used within a year-if tuition has been paid for in advance..
- * No refunds, otherwise, are given for withdrawals when tuition has been paid.
- * Refunds due to clients may take up to 30 days for processing and delivery.
- *Tuition balances not paid with-in 7 days of due date will be subject to a **\$35 Late Payment Fee**
- * **A \$35 Fee** will be charged for all Returned Checks.
- *All credit card charges will be subject to a 3.5% convenience fee per transaction.
- *Classes missed by the instructor will be scheduled for a make-up.
- *There are no credits given for missed classes by students.
- *If a class must be cancelled due to low enrollment, students will receive a 100% refund for all advance fees paid minus any classes attended.

Payment Options: Please Select: ___ **FYPS** ___ **SCPOS**

- Add Specialty Class Tuition Balance To Current Payment Plan Selected on the Tuition Payment Option Form.
This option only available to FYPS or families that have siblings who are FYPS
- I would like to pay Tuition Balance when due via my credit card. (**Complete Credit Card Authorization Below**)
- I would like to pay Tuition Balance when due by check. Please invoice me.

Credit Card/Automatic Debit Authorization

Card Holder _____ Account # _____
 Security Code _____ (on back panel) Card Type: **Visa * Master Card * Amex * Discover**
 Expiration ____/____/____ Authorized Signature _____

I (We) have thoroughly read all of the policies concerning the payment options prior to selecting an option.
 I (We) further understand and agree to adhere to all the policies written hereof.

_____ **Responsible Party Signature**

_____ **Date**