

Please **print** clearly **in all shaded areas** below. You must provide all information to be sure your child can be processed correctly. Clear printing and spelling of the first and last name is most important. Emergency contact information is essential for safety and security of your student. You must also complete the reverse side of this form. **FINALLY, YOU MUST PROVIDE AN EMAIL ADDRESS TO COMPLETE THE REGISTRATION PROCESS!** We do not use the US Post office for communication or billing. All Newsletters, account statements and notices are emailed. **Your email address must be kept current.**

Student Last Name		First Name	
<input type="text"/>		<input type="text"/>	
Street Address:			
<input type="text"/>			
City:	State:	Zip:	Birthday: <input type="text"/> Age: <input type="text"/>
Email Address: <i>(An Email Address is Required for all Communication)</i>		Home Phone: <input type="text"/>	
Parent(s) Name(s): <input type="text"/>		Cell Phone: <input type="text"/>	
Emergency Contact Name: <input type="text"/>		Emergency Contact Phone: <input type="text"/>	
Health Issues: <input type="text"/>		Medical Release: <input type="checkbox"/> <i>(See reverse side)</i>	

Class 1	Tuition
<input type="text"/>	<input type="text"/>
Class 2	Tuition
<input type="text"/>	<input type="text"/>
Class 3	Tuition
<input type="text"/>	<input type="text"/>
Class 4	Tuition
<input type="text"/>	<input type="text"/>
Class 5	Tuition
<input type="text"/>	<input type="text"/>
Class 6	Tuition
<input type="text"/>	<input type="text"/>
Tuition	
Discount	
Monthly Tuition	
Reg. Fee	
Total	

Please complete the following information with assistance of a staff member:

IN RETURN FOR PERFORMING ARTS INSTRUCTION AND OTHER SERVICES RECEIVED, I promise to pay, without set off, deduction or counterclaim of any kind or nature to Broadway Bound Performing Arts Center, Inc. whose address is 501 Daniel Webster Highway, Merrimack, New Hampshire as Payee, or Holder, at the address of Payee or Holder listed in this Note, the sum of \$_____. The principal sum, without interest charges, is to be paid in monthly installments of \$_____. The first payment shall be made upon registration for the following June along with other appropriate fees, before beginning classes. The final payment shall be on or about the first day of _____. The June payment is fully refundable if the student withdraws prior to the end of May in the academic year.

I further agree that if payment is not received by the 10th day of each month I authorize the Broadway Bound Performing Arts Center, Inc. to make appropriate payments, including a \$10.00 late fee, in the form of an automatic charge against my credit card on file:

() VISA or () MasterCard account number: _____ - _____ - _____ CVV _____
 Expiration date _____ Name on card: _____

Please **initial** one of the following:

_____ Automatic Payment by Credit or Debit Card _____ Check payment preferred

SAVE! SAVE! SAVE! Save on your tuition! Tuition may be reduced by 10 percent if paid in full at time of registration!

Signature: _____ Date: _____

(Please see the reverse side of this form for additional information.)

Registration and Family Profile Instructions

The data contained within the Registration Form and Family Profile is critical to your child's enrollment. It is most important that we have appropriate telephone numbers, emergency contacts, medical conditions, etc. Your email address will make it possible for us to get important newsletters and billing information to you on a timely basis. Please be sure email address is clearly printed.

Please enter all information in shaded areas. Please **print clearly** in the blank space below each field. Also be sure to provide the name and telephone numbers of emergency contacts.

Please sign and date each position of all forms on **both sides** of this sheet.

Please be sure to go to the reverse side and complete the Registration information.

Publicity Release

(Please complete and sign the following publicity release.)

I, (please clearly print your name) _____ realize that my child (print child's name) _____ will be participating in a group activity, and as such, I realize there are times when photographs, videotape and digital images may be captured during a performance, activity or event.

I hereby authorize Broadway Bound to use photographs, videotape and digital images of my child in the production of brochures, advertising and website information that promotes the Broadway Bound Performing Arts Center and its students.

Parent or Legal Guardian's Signature _____ Date _____

Medical Release and Hold Harmless Agreement

(Please complete and sign the following emergency medical release.)

I, (please clearly print your name) _____ realize my child (print child's name) _____ will be participating in a physical activity, and as such, I realize there is an element of risk involved. In the event of an accident or illness to my child, I should be notified immediately.

My preferred contact number is _____ and

My alternate contact number is _____.

In the event, I cannot be contacted, I hereby designate, (name) _____ as the person to be contacted. Their phone number is _____. In the event that neither of us can be contacted, I hereby authorize Broadway Bound Performing Arts Center, Inc. to take any steps it deems necessary to seek reasonable medical attention. In such an event, I further agree that the cost of such medical services shall be borne exclusively by me and I indemnify Broadway Bound Performing Arts Center, Inc. its teachers and staff of any legal or financial responsibility.

Parent or Legal Guardian's Signature _____ Date _____