



Registration Form

Family Profile

Please **print** clearly **in all shaded areas** below. You must provide a current address, telephone, email address, credit card information and payment option to complete the registration process. You must also complete the reverse side of this form.

Below for studio use.

Student Last Name	First Name

Street Address:	
City:	State:
Zip:	Birthday:
Age:	
Email Address:	Home Phone:
Parent(s) Name(s):	Cell Phone:
Emergency Contact Name:	Emergency Contact Phone:
Health Issues:	Medical Release:
	? (See reverse side)

Class 1	Tuition
Class 2	Tuition
Class 3	Tuition
Class 4	Tuition
Class 5	Tuition
Class 6	Tuition

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 on or about the first day of _____ and the final payment shall be on or about the first day of _____. I understand that the last payment (June) will also be paid, along with other appropriate fees, before beginning classes.

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:

Monthly Tuition
Registration Fee
Shoes

() VISA or () MasterCharge 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 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.

Medical Release

(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 home phone number is _____ and

My cell phone 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 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.

Parent or Legal Guardian's Signature _____ *Date* _____

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* _____