Broadway Bound Performing Arts Center

# Registration Form

## Fall 2021 - Family Profile

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

| | |
|---|---|
| Tuition | |
| Discount | |
| Monthly Tuition | |
| Reg. Fee | |
| Total | |

*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's Last Name | Student's First Name |
|---|---|
| | |

| | | | | |
|---|---|---|---|---|
| Street Address: | | | | |
| City: | State: | Zip: | Birthdate: | Age |
| Email Address: (***An Email Address is Required for all Communication***) | | | Home Phone: | |
| Parent(s) Name(s): | | | Cell Phone: | |
| Other Emergency Contact Name: | | | Emergency Contact Phone: | |
| Health Issues: | | | Medical Release: Press Release: ***Please sign reverse side of this form.*** | |

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

IN RETURN FOR PERFORMING ARTS INSTRUCTION and other services received for (*Name*) _____ 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 May 2022. The June 2022 payment and other prepaid tuition is fully refundable with 30 days written or emailed notice prior to dropping the class(es).

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 $20.00 late fee, in the form of an automatic charge against my credit card on file:

*Check the appropriate card:* ( ) VISA, ( ) MasterCard, American Express ( ) or Discover ( )

Account number: _____-_____-_____-_____ CVV _____

Expiration date _____ Name on card: _____Zip_____

*(If a credit or debit card is not provided the semester must be paid in full in advance.)*

*Please **initial** one of the following:*

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

Signature: _____ Date: _____

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

---------- The following section is for studio use only. ----------

| June Invoice | | Payment | | Recurring Template | | Registration Date | | Attendance Book | |
|---|---|---|---|---|---|---|---|---|---|

# *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 **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 complete the reverse side of this 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 and hold harmless agreement.)***

I, (*please clearly print your name)* _____ realize (*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 indemnify Broadway Bound Performing Arts Center and its staff of all liability. Further, I should be notified immediately in the event of such accident or illness.

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* _____