



NEW STUDENT REGISTRATION FORM 2016-2017

Youth Division

Name: _____

Gender: ___ M ___ F Birthdate: _____ Age(as of 9/1/16) _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Primary Contact: _____ Relationship to Student: _____

Email: _____ Phone #: _____

Secondary Contact: _____ Relationship to Student: _____

Email: _____ Phone #: _____

TUITION - Choose **ONE** option to receive appropriate payment plan document with invoice.

___ PAY IN FULL FOR YEAR (5% DISCOUNT) BY INVOICE DUE DATE (full year participation only)

REQUIREMENTS FOR OPTIONAL INSTALLMENT PAYMENT PLAN: (All installments must be in place prior to August 15th and will end by March 15th)

___ MC/VISA/DISCOVER (3 to 4 automatic charges to credit card)

___ ACH/AUTO CHECKING WITHDRAWAL (direct monthly withdrawals from bank account)

___ 10 Months – First payment due June 15th

___ 9 Months – First payment due July 15th

___ 8 Months – First payment due August 15th

Contracts for Installment Plans will be included with the Tuition Invoice; must be signed and returned prior to commencement of dance instruction.

REGISTRATION FEE: \$35.00 Per Student – Youth Division

Check payable to “NHAPA” or Charge the registration fee to one of the following:

CIRCLE ONE: MasterCard Visa Discover

Card #” _____ / _____ / _____ / _____ EXP: _____

Name on Card: _____ Sec. Code: _____ Zip Code: _____

Authorized by: _____

Student Name: _____ **Date of Birth:** _____

POLICIES PLEASE REVIEW EACH OF THESE POLICIES AND SIGN BELOW:

LIABILITY DISCLAIMER: The New Hampshire Academy of Performing Arts (NHAPA) and its instructors are not liable for personal injuries or loss or damage to personal property. Each student may decline to participate in any activity which may be harmful. Please inform your instructor of any physical limitations you may have. All students must have a signed medical information form on file at NHAPA. If circumstances change after completing the medical form, please notify the studio in writing. After an extended illness, physical injury, or accident, a doctor's written approval is required in order for the student to resume classes. The doctor's statement should include that the student can resume "VIGOROUS PHYSICAL ACTIVITY WITH NO RESTRICTIONS". Students are not permitted to leave school alone or with other students; NHAPA assumes no responsibility for any student who does.

REGISTRATION, TUITION, AND COSTUME FEES: Registration forms will not be processed unless accompanied by the appropriate **non-refundable registration fee(s)**. Tuition must be paid for all scheduled classes whether or not the student is in attendance (makeup classes are available). Any voluntary participation, in additional performances or activities will require a parental consent form assuming responsibility for any additional fees incurred. Costumes will be billed in the fall and will be due within 30 days of invoicing. Costumes are **non-refundable** as costumes cannot be cancelled once the order is placed.

WITHDRAWAL FROM SCHOOL: .Class space is reserved for you and tuition will continue to be charged until NHAPA receives proper written notification directly from the student's parent or legal guardian. If written notification is received prior to December 31, 2016, student will received all unused tuition only. If written notification is received January 1, 2017 or later, tuition is **non-refundable**. The timing of unused tuition will commence from the date written notification is received. Simply failing to attend class or phone call is **NOT** acceptable notification. Parents or legal guardians are responsible for any outstanding balances, including costumes once they have been ordered.

PHOTO/VIDEO USE RELEASE: I give permission for images of my child to be used by NHAPA for promotional purposes, press releases and NHAPA website use UNLESS OTHERWISE INSTRUCTED IN WRITING. NHAPA will not associate child's name with photos without seeking additional permissions.

I HAVE READ, UNDERSTAND & AGREE TO THE ABOVE POLICIES OF NHAPA

Primary Name: _____
(Parent/Guardian)

Signed: _____
(Parent/Guardian)

Date: _____

Please remit to:

New Hampshire Academy of Performing Arts

875 Lafayette Rd.

Seabrook, NH 03874

FOR OFFICE USE ONLY:
CHECK# _____ DATE _____

Please circle the class you wish to register as well as your preferred day/time.

Class (Age Range)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Preschool (Ages 2.5-4)			10:30-11:15			8:30-9:45
Primary I (Ages 4-5)		10:30-11:15				
Primary I/II (Ages 4-6)						9:15-10:00
Primary II (Ages 5-6)		3:45-4:30		3:45-4:30		
Ballet/Jazz Basic (Ages 6-8)		3:30-4:30		4:30-5:30		
Ballet/Jazz Combo (Ages 7-9)	4:45-6:00	5:15-6:30				
Tap Basic II (Ages 7-9)		4:30-5:15				
Hip Hop Basic (Ages 6-8)	3:45-4:45					
Hip Hop Jr (Ages 7-9)	6:00-7:00				5:00-6:00	

NHAPA STUDENT HEALTH HISTORY/EMERGENCY CONTACT INFORMATION

Student Name: _____ Date of Birth: _____

Medical Conditions: (Check all that apply) Asthma___ Heart Disease___ Diabetes ___
Seizures___ Epilepsy___ Convulsions___ Hearing Impairment___ Sight Impairment___ Frequent
Headaches___ Other _____

Please list any allergies including insect stings: _____

Surgeries: _____

Regularly Taken Medications: _____

Are there any restrictions and/or instructions relating to student's participation in NHAPA programs? ___ If yes,
please list _____

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**INSURANCE DETAIL/RELEASE FOR EMERGENCY MEDICAL TREATMENT**

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

If a parent/guardian cannot be reached, please list below two people who can be contacted to pick up your child in case of an emergency.

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

I certify that the medical information given above is accurate. If any limitations exist or arise that prevent her/his participation in NHAPA programs, I will notify the staff immediately. A doctor's note stating the child may resume "VIGOROUS PHYSICAL ACTIVITY" is required before a student is allowed back into class.

I hereby give consent to the teachers/staff of the NH Academy of Performing Arts to administer emergency CPR and First Aid by certified personnel and obtain medical care from any licensed physician, hospital, or clinic for any injury which may arise in the event I/we cannot be contacted.

I hereby give consent to the teachers/staff of NH Academy of Performing Arts to contact either of the emergency contacts listed in the case that I cannot be reached.

Parent/Guardian Name(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_