

New Hampshire Academy of Performing Arts  
2016-17 Program Sessions

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male or Female (circle)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If new to the studio, how did you hear about us? \_\_\_\_\_

Session 1

___ Mommy & Me (18-24 months)	Wed. 9:45-10:30am	9/21, 9/28, 10/5, 10/12, 10/19	\$75*
___ First Steps (2.5-4 yrs.)	Wed. 9:45-10:30am	9/21, 9/28, 10/5, 10/12, 10/19	\$75*
___ Petite Dancers (5-6 yrs.)	Fri. 3:30-4:15pm	9/23, 9/30, 10/7, 10/14, 10/21	\$75*

Session 2

___ Mommy & Me (18-24 months)	Wed. 9:45-10:30am	11/9, 11/16, 11/30, 12/7, 12/14	\$75*
___ First Steps (2.5-4 yrs.)	Wed. 9:45-10:30am	11/9, 11/16, 11/30, 12/7, 12/14	\$75*
___ Petite Dancers (5-6 yrs.)	Fri. 3:30-4:15pm	11/11, 11/18, 12/2, 12/9, 12/16	\$75*

Session 3

___ Mommy & Me (18-24 months)	Wed. 9:45-10:30am	1/11, 1/18, 1/25, 2/1, 2/8	\$75*
___ First Steps (2.5-4 yrs.)	Wed. 9:45-10:30am	1/11, 1/18, 1/25, 2/1, 2/8	\$75*
___ Petite Dancers (5-6 yrs.)	Fri. 3:30-4:15pm	1/13, 1/20, 1/27, 2/3, 2/10	\$75*

Session 4

___ Mommy & Me (18-24 months)	Wed. 9:45-10:30am	3/1, 3/8, 3/15, 3/22, 3/29	\$75*
___ First Steps (2.5-4 yrs.)	Wed. 9:45-10:30am	3/1, 3/8, 3/15, 3/22, 3/29	\$75*
___ Petite Dancers (5-6 yrs.)	Fri. 3:30-4:15pm	3/3, 3/10, 3/17, 3/24, 3/31	\$75*

**\*Price when paying with cash or check. Please add \$5.00 when paying with a credit or debit card.**

- Payments for program sessions are non-refundable (unless session cancelled by NHAPA)
- Class schedule/instructor subject to change. All classes require a minimum number of students and will be cancelled if minimum is not met.
- To pay by credit card, please complete the following information. Otherwise, please include a check to NHAPA for the full amount.

Credit Card Type (Circle one):      MC              VISA              DISCOVER

Card# \_\_\_\_\_ Exp \_\_\_\_\_

Name on Card \_\_\_\_\_

Security Code \_\_\_\_\_ Zip Code \_\_\_\_\_ Total Charge: \$ \_\_\_\_\_

ADMISSION: I, the undersigned, release NHAPA, including instructors from any and all injuries which I may sustain while training, performing or during any activity. I also agree that I am responsible for health insurance and any medical cost due to injury. I give permission for emergency medical transportation and treatment, at my expense, if the need arises.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_