

New Hampshire Academy of Performing Arts

Rising Stars
Winter Session 2017-18

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? _____

Winter Session 2017-18

___ Preschool (2.5-4 yrs.) Sat. 12:15-1:00pm 9/23-1/20 (no class 10/7, 11/25, 12/23, 12/30)

___ Tiny Tap & Jazz (4-6 yrs.) Tues. 4:30-5:15pm 9/26-1/16 (no class 10/31, 11/21, 12/26)

___ Primary II (5-6 yrs.) Tues. 5:15-6:00pm 9/26-1/16 (no class 10/31, 11/21, 12/26)

___ Hip Hop Bop (4-6 yrs.) Thurs. 3:45-4:30pm 9/28-1/18 (no class 11/23, 12/21, 12/28)

Tuition for the Winter Session is \$235* per class.

**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: _____

NH Academy of Performing Arts & Seacoast Civic Dance Company
875 Lafayette Road, Seabrook, NH 03874
603.474.2444 www.nhapa.org