

New Hampshire Academy of Performing Arts  
 Summer Program Sessions 2017 (Ages 2.5-7)

Name:		Birth Date:		Age (as of 6/1/17):	
Parent(s) Name:					
Mailing Address:					
City:		State:		Zip:	
Email:			Phone:		

Summer Program Sessions (6 Weeks)

Wednesdays, July 12 – August 16

*Please check the program option of your choice:*

\_\_\_ First Steps (2.5-4): Wednesdays, 9:00 – 9:45 am, \$90.00\*

\_\_\_ Showstoppers (5-7): Wednesdays, 10:00 – 11:00 am, \$110.00\*

**Total Due:** \_\_\_\_\_

*\*Tuition when paying with cash or check. Please add an additional \$5 for credit or debit payment.*

Class schedule/instructor subject to change. All classes require a minimum number of students and will be cancelled if minimum is not met. Payments for Summer Programs are non-refundable.

To pay by credit card, circle card type and then, please complete the following information.

Otherwise, please include a check to NHAPA for total amount.

Credit Card Type (Circle one):      MC              VISA              DISCOVER

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

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

Security Code \_\_\_\_\_ Zip Code \_\_\_\_\_ Amount \_\_\_\_\_

ADMISSION: I the undersigned, (Parent or Guardian of the above student) release NHAPA, including instructors from any and all injuries which student 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 also give permission for emergency medical transportation and treatment, at my expense, if the need arises.

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

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