



# NEW STUDENT REGISTRATION FORM 2017-2018

Youth Division

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

Gender: \_\_\_ M \_\_\_ F Birthdate: \_\_\_\_\_ Age(as of 9/1/17) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**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 15<sup>th</sup> and will end by March 15<sup>th</sup>)**

\_\_\_ 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 15<sup>th</sup>

\_\_\_ 9 Months – First payment due July 15<sup>th</sup>

\_\_\_ 8 Months – First payment due August 15<sup>th</sup>

***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. Students registering after November 15<sup>th</sup> may not be eligible to participate in the year end performance subject to costume availability and Director's discretion. Costumes 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, 2017, student will received all unused tuition only. If written notification is received January 1, 2018 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**

<b>FOR OFFICE USE ONLY:</b>
<b>CHECK# _____ DATE _____</b>

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

<b>Class (Age Range)</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Preschool (Ages 2.5-4 )</b>			10:30-11:15			9:45-10:30 12:15-1:00
<b>Primary I (Ages 4-5)</b>		10:30-11:15				
<b>Primary I/II (Ages 4-6)</b>						10:30-11:15
<b>Primary II (Ages 5-6 )</b>		5:15-6:00	3:45-4:30			
<b>Tiny Tap/Jazz (Ages 4-6)</b>		4:30-5:15				
<b>Tap/Jazz Basic (Ages 6-8)</b>						11:15-12:15
<b>Ballet/Jazz Basic (Ages 6-8)</b>	5:00-6:00		5:30-6:30			
<b>Ballet/Jazz Combo (Ages 7-9)</b>		5:15-6:30		3:30-4:45		
<b>Hip Hop Bop (Ages 4-6)</b>				3:45-4:30		
<b>Hip Hop Basic (Ages 6-8)</b>	4:00-5:00					
<b>Hip Hop Jr (Ages 7-9)</b>	6:00-7:00				4:30-5:30	

A minimum of 6 students is required to conduct a class. NHAPA reserves the right to cancel or combine classes due to insufficient registration.

**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 \_\_\_\_\_

~~~~~

**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: \_\_\_\_\_