

**Parents and Students:**

**You must fill out this registration form in its entirety. Please sign and date pages 2 and 3. Page 3 is for you to keep for your records once the appropriate balance due and balance due date have been entered by studio staff.**

**Thank you!**

# REGISTRATION FORM



Center for Performing Arts Inc.

4590 Princeton Lane  
 Suite 140  
 Lake in the Hills, IL 60156  
 Phone: 847.961.6127  
 Fax: 847.961.6137  
 sharon.smith@centerperformingartsinc.com  
 www.centerperformingartsinc.com

Session No. \_\_\_\_\_

Fees: First Class \$15.00  
 Second Class \$13.00  
 Third Class \$10.00  
 Fourth Class \$ 9.00  
 and up  
 (For # of classes per week)

Student's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Last First

Parent's Name \_\_\_\_\_ Email \_\_\_\_\_

Last First

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

| CLASS   | DAY | TIME | CLASS    | DAY | TIME |
|---------|-----|------|----------|-----|------|
| Ballet  |     |      | Pilates  |     |      |
| Jazz    |     |      | Yoga     |     |      |
| Tap     |     |      | Ballroom |     |      |
| Hip-Hop |     |      | Pointe   |     |      |
| Modern  |     |      | Other    |     |      |

Sub -Total: \_\_\_\_\_ **Annual Family Registration Fee: \$25.00●** Total: \_\_\_\_\_  
 (NON REFUNDABLE)

Previous Dance Training  
 School: \_\_\_\_\_ Years: \_\_\_\_\_ Style: \_\_\_\_\_

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

Medical Information: Please describe any information regarding a medical disorder or special problem, including allergies, and all medications, that you feel would be helpful to the teacher in a classroom situation. \_\_\_\_\_

I hereby authorize and approve the attendance and participation of the above applicant at Center For Performing Arts, Inc. I recognize and acknowledge that there are certain risks of physical injury from participation in this program and I agree to assume, on behalf of the applicant, full risk of any injuries, damages, or losses, which the applicant may sustain as a result of such participation. I hereby agree to waive and relinquish all claims for injuries, damages or loss that the applicant or I may have, as a result of participation in the program, against Center For Performing Arts, Inc., its directors, officers, employees and/or agents. I further agree to indemnify and hold harmless and defend Center For Performing Arts, Inc., its directors, officers, employees and/or agents, from any and all claims made by on or behalf of the applicant or me, arising out of, connected with, or in any way associated with the activities of this program.

I verify that the above applicant has no medical or physical condition for which participation in dance, yoga or pilates classes would be against his/her doctor's recommendation.

Promotional Agreement: Additionally, I hereby give consent to the use of my child's likeness in any Center For Performing Arts, Inc. related promotional or advertising material. I have carefully read this document and I fully understand the contents of it. I am in complete agreement with all of the provisions of this document.

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

- The Annual Registration Fee is non-negotiable and non-refundable whether class is canceled voluntarily by the client or class has to be canceled by the studio due to unforeseen circumstances. The registration fee is applied to the administration fees we incur from running payments through, costs of copying newsletters and informational handouts, etc.

The Center for Performing Arts, Inc. communicates with parents and students in the following ways:

1. Monthly newsletters. These newsletters are given to every student and every parent (who comes into the studio). They are also available at the table by the reception desk, they are posted on the bulletin board by Studio 1 and they are available on our website: [www.centerperformingartsinc.com](http://www.centerperformingartsinc.com). Again, these newsletters are handed out MONTHLY and contain very important information regarding the studio.
2. The Whiteboard. We have a whiteboard posted at the entrance of the studio by the reception desk. Written on the board will be important information. Please take the time to READ what is posted.
3. The studio has Bulletin Boards by Studio 1 and Studio 2 where information is posted.
4. The studio posts information on the door to enter the studio and to leave the studio at least one month in advance of any due date.
5. All students are told in advance by the teacher of important information.
6. Information is always available on our website: [www.centerperformingartsinc.com](http://www.centerperformingartsinc.com)
7. If you have any questions, you can always call the studio at 847-961-6127 and/or email us at [info@centerperformingartsinc.com](mailto:info@centerperformingartsinc.com)

I have received a copy of how information is communicated to parents by the studio, and I understand that if I do not come into the studio on a regular basis, that I may miss some information. If I do not come into the studio, I know that I should check with the studio via phone or email and also discuss with my child if any information was given to them.

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

Name

Next payment of \$\_\_\_\_\_ is due on \_\_\_\_\_.

► Any payment not received on the due date is considered a late payment.

► Once a payment is late, you or your child will not be allowed to take further classes at the studio until the **balance is paid in full as well as a \$15.00 late fee charge/week. NO EXCEPTIONS!**

- IF PARENTS PAY BY CREDIT CARD, THE STUDIO WILL AUTOMATICALLY CHARGE THAT CREDIT CARD AGAIN FOR ANY BALANCE DUE IF FAMILIES HAVE NOT PAID BY THE DUE DATE. IT IS YOUR RESPONSIBILITY TO MAKE SURE THE CREDIT CARD IS NOT DECLINED. IF DECLINED, IT WILL BE CONSIDERED A LATE PAYMENT. IF YOU DO NOT WANT THE STUDIO TO CHARGE A CREDIT CARD, IT IS YOUR RESPONSIBILITY TO PAY THE STUDIO ON TIME.
- IF PAYING BY CHECK, YOU CAN DROP OFF THE CHECK IF THE STUDIO IS CLOSED WITH OUR DROP OFF BOX LOCATED ON THE RIGHT SIDE OF THE STUDIO DOOR OR MAIL THE CHECK (WHICH WE MUST RECEIVE BY THE DUE DATE). PLEASE WRITE YOUR DRIVER'S LICENSE NUMBER AND HOME PHONE NUMBER ON THE CHECK

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