

Student's Name: _____

DATE OF BIRTH: _____

CLASSES: (to be approved out by Staff)

1) _____

2) _____

3) _____

Please list any physical or learning condition of which the instructor should be aware. Must be accompanied by a doctor's note.

Please list any allergies: (example: nuts, sugar, etc.)

PERSONAL & BILLING INFORMATION

1ST PARENT'S NAME: _____ PHONE: _____

2ND PARENTS NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

ALTERNATE EMAIL: _____

NANNY: _____

EMERGENCY CONTACT: _____

I understand that the registration fee of \$20 per student is non-refundable or non-transferable and is due at the time of registration. I also understand that all tickets for the recital other than lap babies must be purchased. I understand that I must pay an additional registration fee to re-enroll for the next school year. Summer programs do not require a registration fee. I agree to release any and all rights and claims against Broadway PAC and all it's staff and instructors of any claims for injuries that may occur to the student, parent, or any other person. I understand that BPAC is not responsible for any personal belongings not owned by BPAC. I understand that all tuition and fees paid are non-refundable. I understand that tuition must be current to attend class and purchase recital tickets. I understand that all makeup classes must be completed before April 1st. I understand all students must purchase a costume for each recital dance for the recital and is non-refundable. I understand that I must meet the costume payment deadline (deposit due November 1, balance due December 1). I understand that location is subject to change. I give permission to BPAC to use any photos, videos and names of the above student(s) for educational and promotional purposes. I have read and agree to the above terms.

PARENT/GUARDIAN (SIGNATURE): _____

DATE: _____