



REGISTRATION FORM

\$25.00 registration fee is due with this form. If paid by the last day of classes, registration for the following dance year will be reduced to \$15 for current students and \$20 for new students.

Pennsylvania Performing Arts Center
2123 H First Avenue
Whitehall PA 18052
610/264-2242
Email: ppac@enter.net
Web: danceatppac.com

PLEASE PRINT

Student Name _____ Date of Birth _____

Student Name _____ Date of Birth _____

Parent/Legal Guardian Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

Emergency Contact during class hours _____ Phone _____

Email Address _____ How did you hear about us? (please check one) Friend _____

Family Member _____ Yellow Book _____ Verizon Yellow Pages _____ Newspaper _____ Sign _____ Other _____

Please list below the class/classes you will enrolling in.

1. Class type: _____ Day & Time: _____
2. Class type: _____ Day & Time: _____
3. Class type: _____ Day & Time: _____
4. Class type: _____ Day & Time: _____

Unlimited classes are offered at a significant discount.

If a student misses too many classes, as determined by the Artistic Director, they may be asked to drop the class.

It is for the student's safety that they arrive for class on time, so as not to miss the warm-up part of the class. If a student is too late for class, they will only be able to observe during that class.

You will receive a handbook at your first day of class with policies and other studio information. Please keep this handy throughout the year.

Release

I understand the Pennsylvania Performing Arts Center does NOT carry medical insurance for its students. It is required that all students be covered by their own medical insurance policy. If injury occurs, it is understood my personal medical insurance is my only source of reimbursement. In case of emergency or sudden illness, I hereby give authority to any hospital or Doctor to render immediate emergency aid as might be required for the undersigned student's health and safety. I agree to hold harmless the Pennsylvania Performing Arts Center, Whitehall PA and all it's employees from any claims, including personal injury, arising from any activities that I or the student participates in, including transportation to and from any Pennsylvania Performing Arts Center events

Parent/Legal Guardian Signature _____ Date _____

From time to time the Pennsylvania Performing Arts Center may record or take photos of studio classes or functions, which may include my child or myself. I hereby grant permission to the Pennsylvania Performing Arts Center the use of these photographs or recordings for the purpose of illustration, advertising, or publication in any manor deemed reasonable by the Pennsylvania Performing Arts Center.

Parent/Legal Guardian Signature _____ Date _____

Please initial

My tuition is due by the first class of every month or late fees will be applied by the 15th of the month and the 1st of every month thereafter _____

If tuition is still past due when the second late fee is applied the student may only observe the class until tuition is paid in full. _____

If I am discontinuing any class I understand I must pay tuition until the office receives the notification by me in writing. _____

Payments for tuition, costumes, tights, apparel, recital tickets, competition fees or any other payments made are NOT refundable or transferrable. _____

Rates are NOT reduced for student absences due to illness, vacations, studio closing, etc. _____

In order to be eligible for a class makeup under the studio policies in handbook, I must call the office to notify them of the absence prior to class _____

Proper Dance Attire and Shoes MUST be worn for dance class or the student will not be participating that day. _____

I understand and agree with the policies of the Pennsylvania Performing Arts Center as listed above. By signing this form I agree to hold harmless the Pennsylvania Performing Arts Center and personnel for any damages or liabilities arising out of my child's enrollment and participation in the programs.

Signature _____ Date _____