

# LoMastro Performing Arts Academy

## 2009-2010 REGISTRATION FORM

STUDENT'S NAME (ONE PER FORM)		DATE OF BIRTH (M/D/Y)	SCHOOL / GRADE 09-10
ADDRESS		CITY / STATE / ZIP CODE	PARENT EMAIL
HOME PHONE #	PARENT CELL PHONE #	PARENT'S NAMES	

MEDICAL CONDITIONS / ALLERGIES \_\_\_\_\_ EMERGENCY CONTACT NAME / PHONE # / RELATION \_\_\_\_\_

\*HOW DID YOU HEAR ABOUT LPAA?(CIRCLE 1) WEBSITE POSTCARD MAIL E-MAIL REFERRED BY \_\_\_\_\_

CLASS / DAY / TIME	PREFERENCE	CLASS / DAY / TIME	PREFERENCE
1	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	5	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd
2	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	6	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd
3	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	7	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd
4	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	8	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd

I/We, on our own behalf and as Guardian of \_\_\_\_\_ [insert name of student], hereby release LoMastro Performing Arts Academy, Inc., its Agents, affiliates, assigns and employees from any and all actions, causes, causes of action, suits, damages, claims and liability whatsoever, at law or in equity which I/We may have with respect to personal injury, illness, or property damage or any other damage that may be incurred, occurring on or off the school's premises. I have read the school's policies as outlined. I understand I am responsible for tuition payments as described. I understand there are no refunds after September 1, 2009 and a \$50 service fee will be charged for each class refunded before said deadline. I understand that the half payment option requires my tuition balance to be automatically charged to my credit card on the date listed. I understand faculty and class schedule are subject to change. I certify that I am in good health and capable of participating in all school activities and classes, I have consulted a physician to determine the risks if any in participating in said activities and accept said risks freely and voluntarily. I hereby give permission to LoMastro Performing Arts Academy to take photographs for promotional uses for the school and waive all right, title or claim to said photographs as well as any claims that may arise out of the use of said photographs.

**SPECIAL CLASSES / PACKAGES**  
**1,2,3 DANCE-ALL-3 (17WKS) \$578 PER SEM.**  
**POINTE (17WKS) \$185 PER SEMESTER**

1ST SEMESTER TUITION	8-WK INTRO
EARLY CH. DRAMA \$199	\$115
I CAN DANCE \$180	\$105
PRE-BALLET I \$180	\$105
PRE-BALLET II & TAP \$199	\$115
KINDER BALLET & TAP \$240	\$135
KINDER JAZZ \$206	\$118
1 CLASS PER WK \$258	\$144
2 CLASSES PER WK \$484	\$257
3 CLASSES PER WK \$716	\$373
4 CLASSES PER WK \$925	
5 CLASSES PER WK \$1,123	
6 CLASSES PER WK \$1,337	
<b>75-90 MIN CLASSES: ADD \$60 PER CLASS</b>	
<b>UNLIMITED CLASSES \$1,500</b>	

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**EARLY BIRD TUITION DISCOUNTS:**  
 Valid on full payment option only (not 8-wk Intro)  
 Must register before 7/15/09

**5% SINGLE STUDENT**

**10% TRIPLE THREAT SINGLE STUDENT**  
 (enrolled in both dance and vocal perf./drama/musical th.)

**10% MULTIPLE STUDENT (Immediate Family)**

FULL OR HALF PAYMENT MUST ACCOMPANY THIS FORM TO BE PROCESSED.

HALF PAYMENT OPTION REQUIRES TUITION BALANCE TO BE AUTOMATICALLY CHARGED TO YOUR CREDIT CARD ON THE DATE LISTED.

2ND SEMESTER TUITION WILL BE THE SAME AMOUNT AND INVOICED IN JANUARY.

**MAIL TO: P.O. Box 697, DEERFIELD, IL 60015**

**FAX TO: 847-945-2516**

# OF CLASSES \_\_\_\_\_ TUITION FROM ABOVE \$ \_\_\_\_\_

# OF 75-90 MIN. CLASSES \_\_\_\_\_ X \$60 \$ \_\_\_\_\_

DISCOUNT \$ \_\_\_\_\_

SUBTOTAL \$ \_\_\_\_\_

3% PROCESSING FEE IF PAID BY CREDIT CARD \$ \_\_\_\_\_

TOTAL DUE \$ \_\_\_\_\_

**1ST SEMESTER PAYMENT OPTION:**

FULL PAYMENT  \*HALF PAYMENT (CREDIT CARD ONLY)

\*1ST PAYMENT, 50% PAYMENT DUE NOW \$ \_\_\_\_\_

\*2ND PAYMENT, BALANCE CHARGED ON 10/1/09 \$ \_\_\_\_\_

YOU MAY PAY BY:  VISA  MC  CHECK

Card number \_\_\_\_\_ Exp. date \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE:**  CASH  CREDIT  CHECK \_\_\_\_\_