

READ CAREFULLY, this is a NEW registration procedure.

LoMastro
PERFORMING ARTS ACADEMY

Registration Form 2011-12

Register Online!

STUDENT'S NAME (ONE PER FORM) _____ DATE OF BIRTH (M/D/Y) _____ SCHOOL / GRADE 11-12 _____

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

Waiver

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 carefully read the academy policies and agree to follow the rules and policies therein.
- ▶ I understand tuition is non-refundable and I am responsible for tuition payments as described. Returned Checks are subject to a \$30 fee. Only withdrawals received in writing at least 10 business days prior to the class start date will receive a credit for future classes. A credit of tuition for medical reasons will be considered only when accompanied by a letter from a physician. If LPAA cancels a class due to low enrollment a refund will be granted.
- ▶ 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 and video for promotional uses for the school and waive all right, title or claim to said photographs and video as well as any claims that may arise out of the use of said photographs and video.

Parent/Guardian Signature _____ Date _____

Tuition

Enrollment is for the full season, Sept. – May. Tuition listed is for ½ of the season. Tuition is paid in two installments of the amount listed.

1st installment: due upon registration
2nd installment: auto-charged on Jan. 15, 2012

Early Childhood Classes (see brochure)

1 Class Per Week	\$280
2 Classes Per Week	\$526
3 Classes Per Week	\$782
4 Classes Per Week	\$1,010
5 Classes Per Week	\$1226
6 Classes Per Week	\$1,460

75-90 Min Classes: Add \$70 per class
Unlimited Classes (7+ classes) \$1,670

Combo/Packages/Class Pass

Combo/Dance-All-3 Packages (see brochure)
10-Class Pass (13Y-Adult only) \$185

Method of Payment Auto Pay Required for ALL registrations

- Checking Account / ACH – attach voided check and sign below
- Credit Card – fill out below

Card number _____ Exp. date _____

I understand that enrollment is for the full season, Sept. – May. I authorize LoMastro Performing Arts Academy, Inc. to initiate electronic payments for the balances due on my LoMastro Performing Arts Academy, Inc. account. I understand that payments will be automatically made throughout the year for any balance due on my account: costume fees on 11/01/11 and tuition 2nd installment on 1/15/12. I understand that the payment amounts may vary as classes are added/dropped and as other charges/payments are applied to my account. The authority I give to automatically charge my payment information on-file will remain in effect until I notify LPAA in writing to terminate the authorization.

Authorized Signature _____ Date _____

Tuition From Above \$ _____
of 75-90 Min. Classes _____ X \$70 \$ _____
Total Due \$ _____

Payment: Visa MC Discover Check

Card number _____ Exp. date _____

Authorized Signature _____ Date _____

Office Use Only:
 Cash Credit Check # _____