

Registration Form

PERFORMING ARTS SCHOOL FALL 2010

please print clearly

() New Student () Returning Student

Student's Name: _____ Sex: () M () F Birthday: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (Home): _____ (Cell): _____

Parent Names: _____ Parent E-Mail: _____

Any medical conditions (allergies, etc.) we should be aware of?

In case of emergency, contact (name and number; parent's cell phone is fine) :

Photo Release: I permit my child's images to be used in The Community Theatre Performing Arts School's promotional materials (please check):

YES _____ NO _____

Name of Class	Age Group
Day/Time	Fee

Name of Class	Age Group
Day/Time	Fee

Name of Class	Age Group
Day/Time	Fee

Name of Class	Age Group
Day/Time	Fee

Payment: **By Check: Please make checks payable to The Community Theatre**
 By Credit Card: () Visa () Master Card () American Express () Discover

Card Number: _____ Exp. Date: _____ CVV Code (on back): _____

Name as it appears on card: _____

Billing address (if different from home address): _____

Signature: _____

All Classes must be paid in full at the time of registration unless other arrangements have been made. All tuition is non-refundable after the first week of classes. All tuition payments include a non-refundable \$50 processing and registration fee. 10% discount for two classes or two family members; 15% off for three or more classes. Limited scholarships available based on need. Please call 973.539.0345 ext. 6582.