



School of the Arts Fall-Spring 2007-2008 Tuition & Registration (36 Weeks)

**Payments are due as follows:**

- 1<sup>st</sup> Installment – September 5<sup>th</sup> 2007
- 2<sup>nd</sup> Installment– November 28<sup>th</sup> 2007
- 3<sup>rd</sup> Installment – March 5<sup>th</sup> 2008

Please circle the appropriate classes and frequency per week.

**NOTE: The following fees are per 12 week trimester**

CLASSES	1x per week per class	2x per week per class	3x per week per class	Total Tuition Due
Creative Movement /Pre-Ballet Jazz 1 / Ballet A	\$90	\$180	\$270	\$____.____*
Pilates /Belly Dance/ Modern I Adult Modern/ Ballet B Pointe C	\$144	\$288	\$432	9-5-07 \$____ 11-28-07 \$____ 3-5-08 \$____
Jazz II / Modern II/ Adult Ballet Ballet C/ Ballet D Pointe D	\$180	\$360	\$540	*This Amt. due each installment.

Pay by the class: 45min = \$7.50      1 hour = \$      1 hr. 15min & 1 ½ hours = \$15

**Please make all checks payable to the National Museum of Dance**

Name\_\_\_\_\_

Address\_\_\_\_\_Town\_\_\_\_\_Zip\_\_\_\_\_

Home Phone\_\_\_\_\_Work\_\_\_\_\_Cell\_\_\_\_\_

Parent/Guardian name\_\_\_\_\_

Email\_\_\_\_\_Age\_\_\_\_\_DOB\_\_\_\_\_

Classes being taken on: (Please circle)    M    T    W    Th    F    Sat    Sun

Medical Information and Release

Please state any known illnesses, injuries, allergies\_\_\_\_\_

List any medications being taken\_\_\_\_\_

Emergency contact person\_\_\_\_\_Phone\_\_\_\_\_

Doctor\_\_\_\_\_Phone\_\_\_\_\_

As Legal guardian of this child listed on this form I hereby consent for him/her to participate in classes conducted by the School of the Arts.

I recognize that any activity involving movement can create the possibility of injury. I confirm that my child is in good health and I authorize simple first aid if needed. It is hereby agreed that I, my child adopted, or otherwise, my executors, waive and release all rights and claims for damages that I may have at any time against The National Museum of Dance and the School of the Arts, its teachers, officers or agents for injury or damages in connection with the school.

I understand that I am responsible to pay the amounts indicated on the dates specified above.

Parent Signature\_\_\_\_\_Date\_\_\_\_\_

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