

Registration Form 2010-2011

Use separate form for siblings

Please Print Clearly

\$25 Registration Fee Must Accompany This Form (\$50 per family)

Students name: _____ Age: _____ D.O.B: ___/___/___ Grade: _____

Mail ing Address: _____ School : _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell : _____

Parents/Guardians : _____

Emergency Contact Name & Phone # _____

(other than parent)

Email address: _____

How many years have you been dancing? _____ At MPAA? _____ Other Activities? _____
Use back of registration if needed for activities.

Tuition Payment Method: 2X: _____ 5X: _____ 10X: _____ Please Check One

If choosing 5X or 10X, an auto credit card payment plan form with specific amounts will be mailed to you, MasterCard & Visa only.

*****	CLASS	DAY	TIME
1st			
2nd			
3rd			
4th			
5th			
6th			<i>Please use reverse for additional classes</i>

Commitment & Liability Agreement

I promise to follow and uphold all of the Academy's Policies & Procedures.

I accept full financial responsibility for all related costs & fees during the school year at MPAA.

I understand MPAA's No Billing Policy & agree to pay all monies in a timely fashion.

I understand MPAA's payment plans for the school year.

Payment includes tuition, performance, rehearsal and *costume fees, *unlimited may require additional costume fees.

Student cannot participate if account falls more than 30 days behind, until account is PAID IN FULL

If account falls more than 60 days behind legal action may be taken.

I understand there are NO TUITION/COSTUME REFUNDS for missed classes of any nature.

I understand & promise to follow the Academy's Formal Written Withdrawal Policy

for discontinuing any class (es) for any reason, see Tuition Payment Schedule for more information.

I understand that dance is a physical activity where injury may occur and assume full responsibility should bodily injury occur, for my child/self enrolled at MPAA. I hereby release MPAA and it's instructors from all liabilities. MPAA greatly appreciates being informed of any special needs to better instruct your child.

MPAA and it's instructors are NOT responsible for personal belongings left on the premises.

MPAA has my consent to use any photos or images from performance or class for advertising or promotion: Yes / No

I have read & understand all of the above policies.

DATE: ___/___/___

Parent /Guardian signature

OFFICE USE ONLY: Date Received: ___/___/___ 1st. Student: _____ 2nd Student: _____ 3rd Student: _____

Tuition Yearly: \$ _____ Payment Plan: 2X 5X 10X > Tuition: \$ _____ Confirmation Class List Tuition Schedule Mail List