

STUDENT'S NAME (ONE PER FORM) \_\_\_\_\_ DATE OF BIRTH (M/D/Y) \_\_\_\_\_ SCHOOL / GRADE 17-18 \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY / STATE / ZIP CODE \_\_\_\_\_ PARENT EMAIL \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ PARENT CELL PHONE # \_\_\_\_\_ PARENT'S NAMES \_\_\_\_\_

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

Class / Day / Time	Class / Day / Time
1	4
2	5
3	6

**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 \_\_\_\_\_

**Early Childhood / Parent-Child**

See Brochure for Tuition

**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 Jan. 15, 2018

Elementary Combo	See brochure
1 Class Per Week	\$333
2 Classes Per Week	\$627
3 Classes Per Week	\$934
4 Classes Per Week	\$1,206
5 Classes Per Week	\$1,462
6 Classes Per Week	\$1,742
<b>75 Min Classes:</b>	Add \$80 per class
<b>90-120 Min Classes:</b>	Add \$112 per class
Unlimited Classes (7+)	\$1,993

**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 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 11/01/17 and tuition 2nd installment on 1/15/18. 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 \$ \_\_\_\_\_  
 Combo Discount (if applicable) \$ \_\_\_\_\_  
 Total Tuition \$ \_\_\_\_\_

Payment:  Visa  MC  Discover  Check

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

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

**Office Use Only:**

Cash  Credit  Check # \_\_\_\_\_