

LoMastro Performing Arts Academy

2nd Semester: Registration Form



STUDENT'S NAME (ONE PER FORM) _____ DATE OF BIRTH (M/D/Y) _____ SCHOOL / GRADE 09-10 _____

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

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 read the school's policies as outlined. I understand I am responsible for tuition payments as described. I understand there are no refunds after 10 days prior to the class start date and a \$50 service fee will be charged for each class refunded before said deadline. I understand that the half payment option requires my tuition balance to be automatically charged to my credit card on the date listed. 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 as well as any claims that may arise out of the use of said photographs and video.

SPECIAL CLASSES / PACKAGES	
1,2,3 DANCE-ALL-3 (17WKS)	\$578 PER SEM.
POINTE (17WKS)	\$185 PER SEM
POM TRY-OUT CLINICS	SEE BROCHURE
BYE BYE BIRIDIE	\$365

2ND SEMESTER TUITION	
EARLY CHILDHOOD DRAMA	\$199
I CAN DANCE	\$180
PRE-BALLET I	\$180
PRE-BALLET II & TAP	\$199
PRE-JAZZ	\$199
KINDER BALLET & TAP	\$240
KINDER JAZZ	\$206
CHEERBEARS	\$206
1 CLASS PER WEEK	\$258
2 CLASSES PER WEEK	\$484
3 CLASSES PER WEEK	\$716
4 CLASSES PER WEEK	\$925
5 CLASSES PER WEEK	\$1,123
6 CLASSES PER WEEK	\$1,337
75-90 MIN CLASSES:	ADD \$60 PER CLASS
UNLIMITED CLASSES	\$1,500

Parent/Guardian Signature _____ Date _____

TUITION DISCOUNTS:
Valid on full payment option only
Must register before 1/15/10

5% SINGLE STUDENT

10% TRIPLE THREAT SINGLE STUDENT
(enrolled in both dance and vocal perf./drama/musical th.)

10% MULTIPLE STUDENT (Immediate Family)

FULL OR HALF PAYMENT MUST ACCOMPANY THIS FORM TO BE PROCESSED.

HALF PAYMENT OPTION REQUIRES TUITION BALANCE TO BE AUTOMATICALLY CHARGED TO YOUR CREDIT CARD ON THE DATE LISTED.

MAIL TO: P.O. Box 697, DEERFIELD, IL 60015

FAX TO: 847-945-2516

OF CLASSES _____ TUITION FROM ABOVE \$ _____

OF 75-90 MIN. CLASSES _____ X \$60 \$ _____

DISCOUNT \$ _____

SUBTOTAL \$ _____

3% PROCESSING FEE IF PAID BY CREDIT CARD \$ _____

TOTAL DUE \$ _____

2ND SEMESTER PAYMENT OPTION:

FULL PAYMENT *HALF PAYMENT (CREDIT CARD ONLY)

*1ST PAYMENT, 50% PAYMENT DUE NOW \$ _____

*2ND PAYMENT, BALANCE CHARGED ON 3/1/10 \$ _____

YOU MAY PAY BY: VISA MC CHECK

Card number _____ Exp. date _____

Authorized Signature _____ Date _____