

STUDENT'S NAME (ONE PER FORM) _____ DATE OF BIRTH (M/D/Y) _____ SCHOOL / GRADE 18-19 _____

ADDRESS _____ CITY / STATE / ZIP CODE _____ PARENT EMAIL _____

HOME PHONE # _____ PARENT CELL PHONE # _____ PARENT'S NAMES _____

MEDICAL CONDITIONS / ALLERGIES _____ EMERGENCY CONTACT NAME / PHONE # / RELATION _____

Class / Camp / Intensive	Class / Camp / Intensive
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 _____

Tuition

Camp / Workshop / Intensive

See Brochure for Tuition

Summer Class Tuition: 8 Weeks

June 11 - Aug 3, 2018 (no July 4)

Parent-Child Class	\$132
30 Minute Class	\$132
45-60 Minute Class	\$157
75 Minute Class	N/A
90-120 Minute Class	\$224

Wed classes are less, due to July 4, see brochure.

Single Class

Single Class 45-60min	\$20
Single Class 75-90min	\$25

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. 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 \$ _____
Discount if before March 15 \$ _____
Total Due \$ _____

Payment: Visa MC Discover Check

Card number _____
Exp. date _____

Authorized Signature _____ Date _____

Office Use Only:

Cash Credit Check # _____