



Registration Form

Student Name: _____

Mother's Name: _____

Father's Name: _____

Student Address: _____

City: _____ State: _____ Zip Code: _____

Home #: (____) ____-____ Cell #: (____) ____-____

Mother's Work #: (____) ____-____ Cell #: (____) ____-____

Mother's E-mail Address: _____

Father's Work #: (____) ____-____ Cell #: (____) ____-____

Father's E-mail Address: _____

Student Age: ____ Date of Birth: _____ Sex: ____

School Attending: _____ Grade _____

Emergency Contact (other than above): Phone #: (____) ____-____

Name: _____ Relation to student: _____

Address: _____

Family Physician _____ Phone #: (____) ____-____

SHOWTIME

Dance & Performing Arts Theatre

503 SE Mizner Blvd., Ste 73

Boca Raton, FL 33432

561-394-2626 phone

561-394-2660 fax

www.showtimeboca.com

SHOWTIME Dance & Performing Arts Theatre

Please list all classes student will attend:

	Name of class	Day of week & time
Class 1:	_____	_____
Class 2:	_____	_____
Class 3:	_____	_____
Class 4:	_____	_____

Annual non-refundable registration fee and 1st month's tuition are due with enrollment.

(\$40 for 1 new student or \$60 flat fee for new families with 2 or more enrolled)

(\$25 per returning student or \$45 flat fee for returning families of 2 or more)

Registration fee: \$ _____ Check/Cash/Credit: _____

Tuition: \$ _____ Date: _____

Total: \$ _____

Credit Card #: _____ Exp. Date _____

Visa _____ Master Card _____ 3-digit code on back of card _____

Name on Card _____ Billing Address _____

By signing below, you release SHOWTIME Dance and Performing Arts Theatre and all of it's employees from all claims related to any injury which may be sustained by you or your child while attending any class or event associated with SHOWTIME Dance and Performing Arts Theatre. By signing this waiver, you also acknowledge your responsibility in paying monthly tuition, any associated fees, and any other communicated costs involved. You also affirm that you currently have and will continue to carry proper medical, health, hospitalization, and accident insurance, which you consider adequate for you or your child.

Photo release: You understand that as a student, your child may from time to time be included in photos and video-taping of student productions. By signing below you grant permission for Showtime to use these photos in brochures or promotional material.

Tuition fees are payable monthly in full on or before the first of every month. A late fee of 10% will be charged on all bills in arrears 7 days or more. By signing below, you authorize SHOWTIME to charge the monthly tuition fees to the above credit card account should tuition be in arrears 7 days or more. Returned check fee \$35. Sorry, there can be no refunds for missed classes however, we will be happy to accommodate you in accordance with our make-up policy as follows:

GROUP CLASSES: At Showtime we believe that the importance of consistent attendance in class is directly related to the results and progress that each student achieves. We also know that emergencies arise and there may be a time when a student is unable to attend their regularly scheduled class or a class may be cancelled due to an unforeseen event. In the event of a class cancellation, every effort will be made to notify you in a timely manner. The instructor and the school may choose to reschedule the class or allow the student to select a make-up class. No refunds or credits will be given for missed classes. Instead, Showtime policy states that the student is entitled to a make-up class. This make-up class can be reserved and arranged through the staff at the front desk.

PRIVATE LESSONS: Our teachers have reserved private lesson time expressly for each student. Should a student find it necessary to miss a lesson, as a courtesy, please notify Showtime as soon as possible with a minimum of 24 hour notice prior to the scheduled lesson so that a make-up lesson can be arranged for you and for another student in your time slot. Should the student fail to give this advance notice, the student will not be entitled to a make-up lesson. Of course illness and emergencies will be taken into consideration. Should a student miss a scheduled make-up lesson, no replacement make-up lesson will be granted. Make-up lessons will also be arranged should a lesson be cancelled by the teacher or by the school. These make-up lessons will be arranged for a mutually convenient time for both the student and the teacher. No refunds or credits will be given for missed lessons.

Student's or Parent's

Signature _____ Date _____

SHOWTIME Dance & Performing Arts Theatre

TUITION FEES

(as of August 2009)

Payable monthly in full on or before the first of every month, there are no refunds for missed classes. Students may schedule a make up class in accordance with our make-up policy.

Annual Registration Fee:

\$40 per student or \$60 flat fee for families of 2 or more

\$25 per returning student or \$45 flat fee for returning families of 2 or more

Group Classes: \$20 per hour class

20% discount for the 2nd and 3rd family member (\$16) per hour class

20% discount for each class after the 1st class (\$16) per student

Group Vocal Classes: \$30 per hour

Space limited for group vocal class to max of 5. Registration on a first come first served basis.

Kids' Cabaret Musical Theatre Revue 10 week performance class:

\$400 (\$40 per week – 2 hr class)

Private Lessons: \$45 per ½ hour or \$75 per hour

Showstoppers: Fee schedule available at the front desk

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MAKE-UP POLICY:

GROUP CLASSES: At Showtime we believe that the importance of consistent attendance in class is directly related to the results and progress that each student achieves. We also know that emergencies arise and there may be a time when a student is unable to attend their regularly scheduled class or a class may be cancelled due to an unforeseen event. In the event of a class cancellation, every effort will be made to notify you in a timely manner. The instructor and the school may choose to reschedule the class or allow the student to select a make-up class. No refunds or credits will be given for missed classes. Instead, Showtime policy states that the student is entitled to a make-up class in another class that is at their current level. This make-up class can be reserved and arranged through the staff at the front desk.

PRIVATE LESSONS: Our teachers have reserved private lesson time expressly for each student. Should a student find it necessary to miss a lesson, as a courtesy, please notify Showtime as soon as possible with a minimum of 24 hour notice prior to the scheduled lesson so that a make-up lesson can be arranged for you and for another student in your time slot. **Should the student fail to give this advance notice, the student will not be entitled to a make-up lesson.** Of course illness and emergencies will be taken into consideration. Should a student miss a scheduled make-up lesson, no replacement make-up lesson will be granted. Make-up lessons will also be arranged should a lesson be cancelled by the teacher or by the school. These make-up lessons will be arranged for a mutually convenient time for both the student and the teacher. No refunds or credits will be given for missed lessons.

Parent signature _____ Date: _____



**CREDIT CARD
AUTO PAY
AUTHORIZATION**

Student Name: _____

Name on Credit Card: _____

Visa Master Card

Credit Card # _____ Exp Date _____

3-digit code on back of card _____

Student Address: _____

City: _____ State: _____ Zip Code: _____

Home #: (____) _____ - _____ Cell #: (____) _____ - _____

Email Address: _____

Student's or Parent's
Signature _____ Date _____

I hereby authorize SHOWTIME Dance & Performing Arts Theatre to charge monthly tuition to the above listed card.



501 SE Mizner Blvd. #73
Boca Raton, FL 33432
561-394-2626 showtimeboca@aol.com
www.showtimeboca.com

Student Pickup Authorization Form

Student Name: _____

The following individuals have my permission to pickup my child from Showtime Dance & Performing Arts Theatre.

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Special Remarks or Concerns: _____

I understand my child will not be released to anyone other than the individual(s) named above without prior authorization.

Parent / Guardian Signature

Printed Name

Date

Parent / Guardia