

PERFORMERS THEATRE WORKSHOP

Registration Form for Mid-Winter 2017

Student's First Name		Last Name		Today's Date	
Address		City		Zip	
Parents Names		H Phone		Birthdate	
Mother Email		Mother Cell		Gender	
Father Email		Father Cell		Age	
Student Email		School		Grade	
Alternate Emergency Contact		Relationship to Student		Phone Number	

Mid-Winter Group Classes

Track Name	Class	Day	Time	Tuition
Broadway Kids	Broadway Kids			
Junior Junior	Jr. Jr. Act/Dance/Sing			
Junior	Showtime Act/Dance/Sing			
	* Acting			
	* Ballet/Modern			
	* Jazz/Hip-Hop			
	* Tap			
	* Voice			
	Comedy & Improv			
	TV Commercials/TV Acting			

Private Lessons

Type of Lesson (please specify: acting, dance, guitar, piano, voice, audition prep or other)	Day	Time	Mid-Winter 6 Sessions	Tuition
	FOR OFFICE USE ONLY:			
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

Six 30 Minute Lessons: \$408 --- Six 45 Minute Lessons: \$588 --- Six 60 Minute Lessons: \$768

Mid-Winter Showcase

New York City Broadway Showcase	Tuition
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Notes: _____

Sub-total	=	<input style="width: 100%;" type="text"/>
Office Use	-	<input style="width: 100%;" type="text"/>
Pay in Full Discount	-	<input style="width: 100%;" type="text"/>
Referral Discount	-	<input style="width: 100%;" type="text"/>
Payment Plan Fee	+	\$45
Registration Fee	+	\$40
Total Tuition	=	<input style="width: 100%;" type="text"/>

FOR OFFICE USE ONLY:

- FM Contact Info Privates scheduled
- FM People
- FM A/R
- Honeywell

Tuition over \$2,000, \$40 discount if paid in full by cash or check by Nov. 10, 2016

Include Payment Plan Fee of \$45 per plan only if not paying in full.
Siblings share one plan.

--See Back For Payment Info--

1 Pierson Road, Maplewood, NJ 07040

phone: 973-327-2250

fax: 973-313-2265

website: ptwonline.com

email: ptwstars@gmail.com

PAYMENT INFO: For tuitions over \$2000, there is a \$40 discount if you pay in full by cash or check by Nov. 10, 2016

For your convenience, we accept Visa, Mastercard, Discover, auto-debit, cash & check.

Paperclip voided check if you are choosing to use auto-debit from checking account.

I hereby authorize PTW to charge a total of \$_____ with the following payment option (check one option below):

Pay In Full Option

Mid Winter Payment Plan

25% at time of registration
25% on December __, 2016
25% on January __, 2017
25% on February __, 2017

\$_____ Per Payment

Cardholder's Name _____

Card Number

Exp. Date

CVC _____
(3 digit code on back)

Signature _____ Date ____/____/20____

Once we receive your registration form, we will charge your first payment within 5 business days.
All following payments will occur on the same date each month for the duration of the plan.

PLEASE READ CAREFULLY

REFUND POLICY: You will receive a refund (less the \$40.00 registration fee, less the non refundable deposit, and less any credit card fees that may have been incurred) if you send a written request by mail or e-mail to Performers Theatre Workshop (from here on, referred to as PTW) no later than Aug. 15th for the Fall semester, Nov. 15th for the Mid Winter semester, and Jan. 15th for the Spring semester. There will be no refunds after these dates. After these dates, you are responsible for all payments, even if you withdraw early or miss sessions. If a course is canceled due to lack of enrollment, you will receive a full refund for that course.

LEAVING THE BUILDING: Students may not leave the premises between or after classes unless they have written permission from a parent or guardian exempting PTW from liability. PTW will only be responsible for students while they are in class.

PLEASE NOTE: It is expressly agreed and understood that if any student is found possessing illegal drug, alcoholic beverages, leaving the assigned class area, damaging or defacing property or conducting him/herself in an inappropriate fashion, or a student's parent/guardian conducts him/herself in an inappropriate fashion, the student may be dismissed at the sole discretion of the directors with no reduction in tuition.

As further consideration of this enrollment, it is agreed that PTW may use any photographs, video, sound recording, or any other medium in which the student appears (captured previously or in the future) for publication, advertisement, promotion and/or exhibition.

Medical or emotion issues we should be aware of: (Any allergies or restrictions):

How did you learn about PTW? _____

The signing of this form indicates that I have read the above and agree to its contents.

Parent or Guardian

Date ____/____/20____

Student

Date ____/____/20____