

# PERFORMERS THEATRE WORKSHOP

Registration Form for Fall 2017 / Mid-Winter 2018 / Spring 2018

Student First Name	Last Name	Gender	Date
School	Grade in Sept 17	Home #	Age Birthday
Address	City	State	Zip
Primary Contact & Relationship	Cell #	Email	
Secondary Contact & Relationship	Cell #	Email	
Student Email	Student Cell #		
Alternate Emergency Contact	Relationship to Student	Phone #	

## FALL, MID-WINTER & SPRING Registration

Track Name	Class	FALL (Day, Time)	MID-WINTER (Day, Time)	SPRING (Day, Time)	Tuition
	Act/Dance/Sing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Full Track (includes *)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	* Acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	* Ballet/Modern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	* Jazz/Hip-Hop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	* Tap	<input type="checkbox"/>		<input type="checkbox"/>	
	* Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	* Performing	<input type="checkbox"/>		<input type="checkbox"/>	
	* Song Interpretation	<input type="checkbox"/>		<input type="checkbox"/>	
	Sight Singing	<input type="checkbox"/>		<input type="checkbox"/>	
	Comedy & Improv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	TV Commercials/TV Acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Ballet Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Jazz/Hip Hop Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Acro, Leaps & Turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## PRIVATE LESSONS

Type of Lesson (please specify: acting, dance, guitar, piano, voice, etc.)	Day Time	Full Year (26 lessons) Fall, M-W & Spring	Fall Only (10 Lessons)	MidWinter Only (6 Lessons)	Spring Only (10 Lessons)	Tuition
	FOR OFFICE USE ONLY:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Twenty-six 30 Minute Lessons: \$1,768 --- Twenty-six 45 Minute Lessons: \$2,548 --- Twenty-six 60 Minute Lessons: \$3,536

Ten 30 Minute Lessons: \$680 --- Ten 45 Minute Lessons: \$980 --- Ten 60 Minute Lessons: \$1,360

Six 30 Minute Lessons: \$408 --- Six 45 Minute Lessons: \$588 --- Six 60 Minute Lessons: \$816

## NYC SHOWCASE & PROFESSIONAL TRACK Registration

New York City Broadway Showcase - Mid-Winter	Tuition
Professional Track - Fall/Mid-Winter/Spring	

Notes: \_\_\_\_\_

	Sub-total =	
	Office Use -	
	Pay in Full Discount -	
Tuition over \$2,000, \$50 discount if paid in full by cash or check by May 26, 2017	Referral Discount -	
	Payment Plan Fee +	\$50
	Registration Fee +	\$45
	Total Tuition =	

FOR OFFICE USE ONLY:	
<input type="checkbox"/> FM Contact Info	<input type="checkbox"/> Privates scheduled
<input type="checkbox"/> FM People	<input type="checkbox"/> FM A/R

Include Payment Plan Fee of \$50 per plan only if not paying in full.  
Siblings share one plan.

--See Back For Payment Info--

**PAYMENT INFO:** For tuitions over \$2000, there is a \$50 discount if you pay in full by cash or check by May 26, 2017

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):

<input type="checkbox"/> <b>Pay In Full Option</b>	<input type="checkbox"/> <b>Full Year Payment Plan Option (12 payments)</b> 8.3% at time of registration      8.3% on November ____, 2017 8.3% on June ____, 2017      8.3% on December ____, 2017 8.3% on July ____, 2017      8.3% on January ____, 2018 8.3% on August ____, 2017      8.3% on February ____, 2018 8.3% on September ____, 2017      8.3% on March ____, 2018 8.3% on October ____, 2017      8.3% on April ____, 2018  <p style="text-align: center;">\$_____ Per Payment</p>	<input type="checkbox"/> <b>Fall Only Payment Plan</b> 20% at time of registration 20% on July ____, 2017 20% on August ____, 2017 20% on September ____, 2017 20% on October ____, 2017  <p style="text-align: center;">\$_____ Per Payment</p>
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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 \$45.00 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\_\_\_\_