

RUHALA CENTER (RPAC) 2009-2010 REGISTRATION FORM

Please fill out a separate form for each student/child

Parent(s) Name(s) _____

Student's Name _____

Student's Age _____ Date of Birth _____

Address _____

City _____ Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

Parent E-mail _____

Student E-mail _____

Class(es) _____ Tuition _____

Total Tuition Cost _____

Subtract Sibling 5% Discount _____

Subtotal _____

Subtract Career Track 5% Discount _____

Subtotal _____

TOTAL TUITION DUE AFTER DISCOUNTS _____

TUITION PAYMENTS

Half tuition due at registration, second half due December 1st, 2009

Payment plans available, inquire with front office

NO STUDENT WILL BE ALLOWED IN CLASS WITHOUT PAYMENT

DISCOUNTS

SIBLING: all siblings receive 5%

CAREER TRACK: study minimum of 2 hours a day/6 days a week

REFUNDS: ONLY MEDICALLY RELATED REFUNDS WITH DOCTOR'S NOTE GIVEN

Liability: I wave any liability against Ruhala Performing Arts Center (RPAC) and its employees for personal injury, illness or loss of property while participating in classes/performances for RPAC. I authorize RPAC and its representatives to use photos videos of my child, taken in conjunction with RPAC and events, in its advertising, public relations and/or promotions.

I UNDERSTAND AND ACCEPT THE TERMS OF THIS AGREEMENT.

Signature _____ **Date** _____

