

# CAROLINA PERFORMING ARTS CENTER

670 Southwest Broad Street, Southern Pines, North Carolina 28387  
(910) 695-7898

## APPLICATION FOR ENROLLMENT 2009-2010 School Year

Registration Fee <b>\$50/75/100</b>	Enrollment Date	Teacher or Military Discount	Payment Plan	Class Name	Classes Mo _____ Tu _____ We _____ Th _____ Fr _____ Sa _____	Class Hours	Annual Rate
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Date Paid	Check # /Cash	Reason	Amount	Date Paid	Check # /Cash	Reason	Amount

**Applicant's Information (please print)**

Student's Name \_\_\_\_\_ Student's Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Parents' Employment \_\_\_\_\_

School Student Attends \_\_\_\_\_

Student's Age \_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Class Name \_\_\_\_\_ Past experience \_\_\_\_\_

Any medical problems?    Yes    No    If yes, explain \_\_\_\_\_

Medications used \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

In the event of accident/sudden illness, and emergency contact cannot be reached, does CPAC have permission to seek professional medical attention via ambulance or transport to an emergency facility?    Yes    No

Physician \_\_\_\_\_

Special instructions in the event of a health crisis \_\_\_\_\_

In addition to a parent, my child may leave class with \_\_\_\_\_. This person **must** be introduced to the child's teacher.

**Please Read, Date and Sign on the Reverse Side**

# CAROLINA PERFORMING ARTS CENTER WAIVER

## I understand and agree to the following:

1. CPAC is a 501 (c)(3) exempt organization and depends upon the timely payment of tuition to meet our obligations of salaries, rent and utilities. Tuition for Carolina Performing Arts Center (CPAC) is due by the 5<sup>th</sup> of each month; depending on which payment plan you choose (one installment, three installments or ten installments). No refunds will be issued for missed lessons. Make-ups are available for illness, injury and inclement weather during other class time as approved by the teacher. One "grace" period will be allowed for tardy tuition payment. After that arrangements must be made for tuition to be pre-paid for the remainder of the year.
2. The Registration Fee is non-transferable and non-refundable. The Registration Fee is due annually.
3. Refund policy: CPAC must receive in writing a request stating the reason for a refund at least 30 days prior to withdrawal from the program and will be granted at the discretion of the Director.
4. I agree in consideration for my (or my child's) participation in CPAC activities including, but not limited to instruction, rehearsals, performances, conferences and clinics operated or sponsored by CPAC a) that there are inherent risks of serious personal injury involved in dance activities; b) I assume and accept such risks of personal injuries related to attendance and participation in dance activities and c) I release CPAC and its officers, directors, employees, contractors, and volunteers from all causes of action, claims, or expenses for any personal injuries related to attendance and participation in the dance activities.
5. The undersigned represents that I (or my child) am (is) in good health and does not have any history of medical or physical condition (unless specified in the application form) that would place me (or my child) at risk because of physical stress and could result in physical injury.
6. I agree to notify CPAC director of any medical condition that may occur and/or medications prescribed during the time I (or my child) participates in dance lessons or activities with CPAC.
7. **I agree to notify the CPAC director or teacher in writing if I give permission for my child to leave CPAC or to car pool with someone other than as indicated on the registration form or if my child needs to leave early from class. This person *must* be introduced to the child's teacher.**
8. I acknowledge and agree that a) photographs and video tapes of student participation in CPAC programs may be taken from time to time and may appear in newspapers, magazines, brochures and other publicity materials and b) CPAC is entitled to use such photographs and video tapes without compensation or further consultation or permission.
9. I agree to give **thirty days prior written notice** to the Director for withdrawal from CPAC or any reduction in enrolled class hours.
10. In order for CPAC, as a 501 (c)(3) exempt organization, to maintain a competitive tuition fee schedule, CPAC will hold various fund raising activities in which we hope you will feel able to participate or consider a tax-deductible donation in lieu of participation.
11. **I understand that in November, 2009 students over 6 years of age will have the opportunity to be invited to enter Royal Academy of Dance Presentation Classes and Examinations. The cost for RAD participation will be between \$80.00 and \$150.00 all inclusive of RAD charges and coaching. It should be noted that time for coaching classes will be required in addition to regular CPAC classes.**
12. **I acknowledge that I have read the foregoing Waiver and agree to its terms.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please make checks payable to Carolina Performing Arts Center (CPAC)*

Thank you for choosing CPAC for your Dance Lessons!

How did you hear about CPAC? Publication name \_\_\_\_\_

Yellow Pages: \_\_\_\_\_ CPAC Website \_\_\_ Friend \_\_\_ TV \_\_\_ Radio \_\_\_

Other (specify) \_\_\_\_\_

**Excellence Is A Habit**

### **For Office Use Only**

- CPAC Ledger
- Contact List
- Payments
- E-mail/Parents
- In Registration book
- Birthday