

Stage Door PAC Enrollment Form

Payment Record (for office use only)

Student Name _____ DOB _____

Address _____ Phone _____

City _____ Zip _____

Name of person responsible for the bill _____

Address (if different than above) _____

E-mail _____

Schedule -----

Class	Day & Time	Tuition
1 _____	_____	<u>\$340/\$490</u>
2 _____	_____	<u>\$300/\$440</u>
3 _____	_____	<u>\$270</u>
4 _____	_____	<u>\$220</u>
5 _____	_____	<u>\$220</u>
6 _____	_____	<u>\$220</u>
TOTAL		_____

Payment Options --- *Select One:* -----

One Payment

Due by Sept. 30
10% discount
Amount _____

Two Payments

1/2 Due Sept. 30 and 1/2 Due Jan. 30
5% discount
Amount _____
(each payment)

Nine Payments

Due on the 1st of each
month Sept. - May
Amount _____
(each payment)

\$20 Registration Fee Due Now

As parent or legal guardian, I release and discharge Stage Door Performing Arts Center, including Heather Haskins and all her teachers, employees and agents (Releasees), from and all claims for damages, injuries of any kind, nature, or description, resulting from Stage Door Performing Arts Center classes, performances and competitions. This expressly includes, but is not limited to any injury or damage caused by, or resulting from, the negligence of the Releasees. I acknowledge the fact that certain types of injuries are common and inherent in dance related activities. This release includes, but is not limited to, that type of injury and release shall be binding upon me and inure to the benefit of the releases, their successors and assigns.



Parent or Guardian signature

X _____ Date _____

Amount	Date
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Costume

Total _____

Deposit _____

Balance _____

Recital

Total _____

Notes

