

Registration 2010 – 2011

RETURNING STUDENT NAME: _____

*If no info has changed, Returning Students please skip ahead to Release Form

New Student Information

Name: _____ DOB _____ Age _____ Grade: _____

2nd Child Name: _____ DOB _____ Age _____ Grade: _____

School(s): _____

Allergies/Special Meds (Child 1 & 2): _____

New Parent/Guardian Information

Name(s): _____ Email: _____

Address: _____ Mailing List? Yes No

Home Phone: _____ Cell Phone: _____

Authorized Persons for Pickup (other than you): _____

Emergency Contact Name, Phone & Relation to Child (other than you): _____

_____ How did you hear about PAAM? _____

RELEASE: 2010 - 2011 (Required. Please Initial Each Item)

Initials I realize that no refunds, transfers, or credits are given within 30 days of the first rehearsal of the summer programs, workshops, and/or productions for any reason.

Initials For Classes, I understand that full refunds are given if dropped before the first class. I will be granted a 75% refund of tuition if dropped before the 2nd class. If dropped before the 3rd class, I will be given a 50% refund. No refunds will be given for any reason if dropped after the 3rd class.

Initials I authorize PAAM to photograph, tape, and record my child during classes, rehearsals and performances. I authorize PAAM to allow my child's image to appear in promotional & educational materials without identification.

Initials I understand that more than 2 absences for any reason may result in my child(ren) being pulled from showcase material.

Initials I realize that while PAAM endeavors to take reasonable and appropriate safety precautions, participation in supervised lessons and rehearsals involve some risk of injury. I hereby release and hold harmless The Performing Arts Academy of Marin and all of its principals, agents, contractors, and employees of and from any actions, claims, and damages of any kind, on account of injuries of any type or nature incurred in connection with my child's participation in this program.

Initials I understand that PAAM cannot be responsible for my child before or after scheduled classes and rehearsals. I am aware that I am expected to drop off and pick up my child on time.

I have read and accepted and I am fully aware of each agreement outlined above.

Signature of Parent/Guardian: _____ Date: _____

OFFICE USE ONLY:

Payment Received: _____ Database: _____ Reg For: _____

STUDENT FIRST & LAST NAME: _____

YOUTH MUSICAL WORKSHOPS (CHECK ALL THAT APPLY)

- ★ _____ \$260 Musical Minis: 101 Dalmatians (Grades K – 2)
- ★ _____ \$400 Aladdin Jr. (Grades 2 – 5)

FALL CLASS SIGN UPS

(CHECK & FILL OUT ALL THAT APPLY. Age for Pricing Breakdown is According to Class Specifications)

★ **18 mos – 3 yrs**

_____ 1 Class Per Week (\$240)
 Class Title & Day _____

★ **Age 4 – Grade K**

_____ 1 Class Per Week (\$300)
 _____ 2 Classes Per Week (\$540)
 Class Title & Day _____
 Class Title & Day _____

★ **Grade 1 – Grade 12**

_____ 1 Class Per Week (\$340)
 _____ 2 Classes Per Week (\$650)
 _____ 3 Classes Per Week (\$900)
 _____ 4 Classes Per Week (\$1050)
 _____ 5 Classes Per Week (\$1150)
 Class Title & Day _____
 Class Title & Day _____
 Class Title & Day _____
 Class Title & Day _____
 Class Title & Day _____

PAYMENT:

Workshop Total: \$ _____
 Class Total: \$ _____
 Sibling Discount: (- \$20 per additional child)
Grand Total: \$ _____

If Paying By Credit Card:

Cardholder Name: _____ Billing Address: _____
 Card Number: _____ CVC Code: _____ Exp Date: _____ Card Type _____

Mail To: PAAM 773 E. Blithedale Mill Valley CA 94941
 Annie Leese, Owner & Artistic Director: annieleese@paamarin.com
Questions? Suzie Wickham, Office Mgr: suzie@paamarin.com or (415) 380-0887