



REGISTRATION FORM

2009-2010 Season: September 14, 2009 – April 2010

All students will participate in a CSI recital or full-scale production that is expected to take place in April 2010.

Please choose one **payment option** (excluding private classes):

Pay for the 8-month season in full today. Pay tuition in monthly installments (due 1st of each month)—1st payment due today.

ENSEMBLE CLASSES	DAY	TIME	TUITION	AMOUNT
CREATIVE PLAY (ages 5 – 6)	Wednesdays	4 – 5 p.m.	\$45.00 per month	
CREATIVE PERFORMANCE (ages 7 – 8)	Wednesdays	5 – 6:30 p.m.	\$65.00 per month	
ACTING (ages 9 – 12)	Wednesdays	6:30 – 7:30 p.m.	\$45.00 per month	
<i>Peter Pan</i> (grades 4 – 7)	Mondays	5:30 – 8:30 p.m.	\$120.00 payment per month	
<i>Little Shop Of Horrors</i> (grades 8 – 12)	Tuesdays	6 – 9 p.m.	\$120.00 payment per month	
			SUB-TOTAL	
			REGISTRATION FEE (1 fee per student)	\$25.00
			TOTAL AMOUNT DUE	

Please inquire about sibling discount when registering at the Box Office.

Please circle appropriate option(s): New Student Returning Student

Student's Name: _____ Student's Cell: _____

Address: _____

Parent's Phone: _____ Email: _____ Performance Experience: Yes No

Age: _____ Birth Date: _____ Grade: _____ Name of School: _____

Mother's Name: _____ Daytime Phone: _____ Cell Phone: _____

Father's Name: _____ Daytime Phone: _____ Cell Phone: _____

Important Information

CSI will not have classes on the following days: Sept. 28, Nov. 11, Nov. 26 & 27, Dec. 21 – Jan. 1, Jan. 18, Feb. 15, March 25-April 2. **Tuition is based upon an annual fee, with payments broken into months. When the center is closed for Holidays and breaks, tuition must be paid in full as usual. We do not charge extra for months with additional weeks or when extra rehearsals are scheduled.** Due to this policy there will not be credit for classes missed during any month. CSI requires the student to attend class for at least one month before any cancellation and/or refunds will be considered. **There will be no refunds after the shows have been cast, and families are still responsible for full tuition. CSI encourages all families to realize the student is making a commitment, and this policy helps them learn to honor their obligations.** CSI reserves the right to drop registrants from their roster for: a) Excessive lateness and/or absence, b) Disruptive behavior, c) Non-payment of tuition or other charges. **Also, permission is granted for student to be photographed and/or recorded for promotional purposes.** All recordings including video, audio, still picture, motion pictures of any event including but not limited to recitals, rehearsals, classes, demonstrations, and productions will remain property of CSI.

All students are required to have a medical release and sign out authorization Form on file. New students and returning students with form changes, please ask the Box Office for paperwork when registering. All medical release and sign out authorization forms must be turned into the CSI office prior to attending class.

Payment Information

****Ask Box Office About Auto Payment Options****

Please **fax, mail** or **bring** your **SIGNED** registration form with credit card information.

Credit Card Number _____ Expiration Date _____

Name of Cardholder _____ Signature of Cardholder _____

--OR--

Mail your registration form and make check payable to: Coral Springs Center for the Arts

By signing and paying the tuition you agree to all that is outlined in this contract.

PARENT'S OR ADULT STUDENT SIGNATURE

DATE



PFM / Coral Springs Center for the Arts
 2855 Coral Springs Drive Coral Springs, FL 33065
 Box Office: 954-344-5990; CSI Office: 954-344-5991
 Facsimile: 954-344-5980

PRIVATE CLASS REGISTRATION FORM

2009-2010 Season: September 2009 – April 2010

All private students are requested to participate in a CSI Recital that is expected to take place in April 2010.

PRIVATE CLASSES	DAY	TIME	TUITION	AMOUNT
PRIVATE ACTING – 1 hour class			\$50.00 per class*	
PRIVATE VOICE – ½ hour class			\$38.00 per class *	
PRIVATE VOICE – 1 hour class			\$64.00 per class*	
			ELECTIVE SUB-TOTAL	
			REGISTRATION FEE (1 fee per student)	\$25.00
			TOTAL AMOUNT DUE	

Please understand there are no sibling discounts for private classes.

Please circle appropriate option(s): New Student Returning Student

Student's Name: _____ Student's Cell: _____

Address: _____

Parent's Phone: _____ Email: _____ Performance Experience: Yes No

Age: _____ Birth Date: _____ Grade: _____ Name of School: _____

Mother's Name: _____ Daytime Phone: _____ Cell Phone: _____

Father's Name: _____ Daytime Phone: _____ Cell Phone: _____

Important Information

CSI will not have classes on the following days: Sept. 28, Nov. 11, Nov. 26 & 27, Dec. 21 – Jan. 1, Jan. 18, Feb. 15, March 25-April 2. Private classes may be scheduled at an alternate time per instructor's discretion. All students should have medical release and sign out authorization forms on file. New students and returning students with form changes, please ask the Box Office for paperwork when registering. Permission is granted for student to be photographed and/or recorded for promotional purposes.

***Private Class Agreement**

I understand the following requirements for enrollment in private classes at the Coral Springs Center for the Arts:

1. I am paying for my first lesson in advance.
2. I have included a valid credit card number and expiration date on this registration form.
3. I authorize the Box Office to charge my credit card once each month (between the 1st and the 10th) for all lessons taken since the last billing date.
4. If, for ANY reason, we are to miss a lesson, I will contact the CSI office at (954-344-5991) at least 24 hours in advance to avoid being charged for that lesson.
 - a. I understand that when I schedule a lesson with a private instructor, I am reserving that block of time for my family and am responsible for that time.
 - b. If I do not give proper notice to the CSI office, I will be charged for the unattended private lesson with no make-up class available.
5. All private class requirements apply even if or when I pre-pay. I understand that the prepaid monies will be applied to the balance owed at the end of each month. Any remaining balance will be charged to my credit card on file.

Credit Card Number _____ Expiration Date _____

Name of Cardholder _____ Signature of Cardholder _____

Please **fax, mail** or **bring** this **SIGNED** registration form.
 By signing and paying the tuition you agree to all that is outlined in this contract.

PARENT'S OR ADULT STUDENT SIGNATURE

DATE