creative arts council
SOTA
School of Theatrical Arts

Registration Form
Jazz Dance 2018-19

Student's Name _____ Student's Date of Birth _____

Address _____ City _____ State_____ Zip _____

Parents/Guardians _____

Primary Phone _____ Secondary Phone _____

Email _____

Emergency Contact _____ Emergency Contact Phone _____

Special Medical/ Health Concerns _____

Fall Session: September 26-December 12, 2018
Spring Session: January 9-March 13, 2019

Class Attending (Check one):

☐ **Youth Jazz I -- Ages 5-11**
Wednesdays from 5:00-5:45pm

☐ **Teen Jazz I -- Ages 12-18**
Wednesdays from 5:45-6:45pm

Tuition Information:

☐ $30 Creative Arts programs registration fee paid and <u>one</u> of the following payment options:

☐ Full Session (20-weeks) $240
<u>or</u>
☐ One Semester (10-weeks) $120

Other payment plans availble through Creative Arts' office.

$_____ ☐ Cash or ☐ Check (Payable to "CAC")
Payment is due at time of registration.

The Creative Arts Council reserves the right to cancel a class due to lack of enrollment. Tuition will be refunded if there is not another class for the student.
I agree to pay tuition, in full or through agreed upon payment installments, and enclose the current tuition amount due with this registration form.
I understand that photographs and video may be taken of my child during their participation in Creative Arts Council programming. I agree to allow the Creative Arts Council to use photographs and video of my child participating in this program for promotional purposes.
I understand the Creative Arts Council will add my contact information to email campaign/text messaging software in order to communicate information to me about Creative Arts programming. By signing this agreement, I give the Creative Arts Council permission to use my contact information for these purposes. I understand I am able to opt out of receiving both emails and text messages at any time.
I understand that my child needs to have his/her own health/accident insurance coverage. I, undersigned, release the Creative Arts Council of Wells County and its staff or guest faculty from any accident or injury that may happen to my child by nature of the activity engaged in while attending camp, classes, rehearsals or performances at the center or off site. I hereby authorize the instructor/staff to act for me in any emergency requiring medical attention, if the responsible adult(s) listed here cannot be reached.

Parent/Guardian Signature _____ Date _____

Creative Arts Council ~ 211 W. Water Street ~ Bluffton, IN 46714
260.824.5222 ~ creativeartcouncil@gmail.com ~ www.wellscocreativearts.com

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