REGISTRATION FORM/PAYMENT AUTHORIZATION FORM

☐ **Preschool** ☐ **Theatre** ☐ **Dance** ☐ **Music** ☐ **Camp**

OFFICE USE ONLY
Start Date: _____
☐QB ☐Jackrabbit

Student's Last Name: _____ Student's First Name: _____

☐M ☐F Student's Age: _____ Birthdate: _____ School Grade: _____ School: _____

Street Address:_____

Town: _____ State: _____ Zip Code: _____ Phone: _____

Parents' Names: _____

Parent's Address (if different from above):_____

Mother's Employer: _____ Work Phone: _____ Cell Phone: _____

Father's Employer: _____ Work Phone: _____ Cell Phone: _____

Parent's Email: _____ Student's Email: _____

Emergency Name & Number (other than parents): _____

Please list any relevant medical conditions of your child:_____

_____

List any allergies: _____

Please describe any information about your child's learning style that would be valuable to our staff:

_____

Please send information and updates via: ☐Email ☐U.S. Postal Service

Are you available to volunteer for BYPC? ☐YES ☐NO What skills/resources do you have that may be helpful?

_____

I ☐do ☐do not grant permission for my child to be photographed or taped for possible publication.

How did you hear about BYPC? ☐Internet/Website ☐Advertisement ☐Sign ☐Mailing Other:

_____

Instrument, Class, or Camp	Day/Time	Instructor	*OFFICE USE ONLY*	
			Lesson Length	**Tuition**
			Registration Fee	
			Other	
			TOTAL	

FINANCIAL RESPONSIBILITY STATEMENT

Financially responsible person(s): Name(s) _____ Phone

_____

Address _____

Please read and sign:

I understand the payment, refund, make up, and cancellation policies. I assume responsibility for all payment in full for services to be rendered, goods purchased, production fees, registration fees, late fees, and any or all appropriate charges. Special payment plans will be arranged if necessary – no student will be rejected for financial hardship.

I understand that The Bedford Youth Performing Company, Inc. and the instructors are not liable for personal injuries or loss of or damage to personal property. Since dance and performance are physical activities injuries may occur. Each student may decline to participate in any activity they deem to be harmful and is responsible to inform the instructor of any physical limitations, which may prevent full participation in class.

I understand that The Bedford Youth Performing Company is a not for profit organization with a policy of non-discrimination.

_____ _____ _____ _____

Signature of financially responsible person **Date** **Signature of guardian parent (if different)** **Date**

I hereby authorize The Bedford Youth Performing Company to charge my account the amount of $_____

on the first day of each month starting (date) _____and ending (date) _____.

I authorize additional fees of $_____ on (date) _____.

I will give BYPC one month's written notice from the first of the month to discontinue these charges.

Signature_____ Date_____

METHOD OF PAYMENT

☐**Annual Payment (2% discount)** ☐Cash ☐Check ☐Credit Card

☐**Equal Monthly Installments** ☐Auto-Debit: Checking Account (2% discount) ☐Auto-Debit: Credit Card

(*Please attach a voided check)*

Credit Card Information: ☐Visa ☐Mastercard _____ _____

Card Number Expiration Date

Cardholder's Name _____ _____

Zip Code

Send a completed registration form with a non-refundable $25.00 individual or $45.00 family registration fee to:

BYPC 155 Route 101 Bedford, NH 03110 call (603) 472-3894 or fax (603) 471-0065

Website address: www.bypc.org email address: bypc@bypc.org