

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	<i>OFFICE USE ONLY</i>	
			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@myfairpoint.net

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