



WEBSITE: WWW.ROBINHORNEFFPAC.COM EMAIL: HORNEFF.RHPAC@GMAIL.COM

STUDENT REGISTRATION & PARENT AGREEMENT

All information must be filled out and the Parent Agreement on the back must be signed. Registrations will not be processed without signatures and proper information. Thank you.

ROBIN HORNEFF'S PERFORMING ARTS CENTER

Registration Form 2009-10

Student Name: _____

Student Address: _____

City: _____ State: _____ Zip: _____

Bill To Address (if different from above): _____

*Parent E-mail (required): _____ correspondence will be via email.

Home Phone: _____ School: _____

Birth date (required): _____ Age: _____

Father's Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Allergies/Medical Information we should be aware of: _____

Do you have another child attending Robin Horneff's P.A.C.? **(Circle One) YES or NO**

Please fill in the Day & Time & Class Type you wish to enroll your child.

Please contact the office if you would like to request an additional to accommodate your schedule.

(Refer to enclosed list of class offerings)

PLEASE CIRCLE LOCATION TO BE ENROLLED:

WALDWICK OR WESTWOOD

DAY: _____

TIME: _____

CLASS: _____

*CLASS EXAMPLES: *NEW* DANCE/ACRO, TAP/JAZZ, STAR IS BORN (SIB), BALLET, HIPHOP, AND BALLET/LYRICAL.

PLEASE CONTINUE REGISTRATION & AGREEMENT ON REVERSE SIDE.....

MAIL FORM AND PAYMENT TO:

RHPAC – 4 North St., Suite 400 – Waldwick, NJ 07463 – 201-444-3205



ROBIN HORNEFF'S PERFORMING ARTS CENTER

BALLET • JAZZ • TAP • HIP HOP • DRAMA

PARENT AGREEMENT - SCHOOL YEAR 2009-10

Please Read & Sign Below.....

FAMILY NAME: _____

The undersigned, heirs, executors and administrators waive and release any and all claims against Robin Horneff's Performing Arts Center (herein referred to as RHPAC), its agents, servants and employees, for any personal injury sustained out of participation in any classes, rehearsals, performances, or on the premises of RHPAC.

I certify that my child is in good health and I understand that participation in classes involves physical movement and execution. I understand and agree to adhere to the Student and Parent Conduct Code in the Parent Guide. I agree to provide medical insurance for my child and family. If my emergency contact cannot be reached, I give permission to the staff of RHPAC to render aid or to act in my behalf to obtain emergency medical treatment for this student for any illness or injury that may occur while attending classes, rehearsal, performances, or on the premises.

I understand that I must pay for all classes that I register for here at RHPAC and observe the late fee of \$5.00 per month for all missed payments regardless of the reason. I understand that payment should reach RHPAC on time due (the 15th of the month), even if I'm absent from class the day it is due. If my payment is overdue by 7 days my credit card (that I have provided) will be auto charged for the full amount due.

In addition, I understand that I am registering for the entire season (mid-September to May), and if I choose to drop a class, there will be no refund due to me and I agree to pay for the entire season as my registration holds a secure spot in class. However, I may drop a class and receive a prorated refund prior to October 15th. If I do choose this option and drop a class, I will notify the office in writing by mail or email on or before October 15th, or at the office. If I fail to do so, I understand that I will be registered in the class and the spot will be held until I notify the office of the withdrawal in writing as previously stated. After October 15th, there are NO refunds or credits given. Late registrations have up to 4 weeks from the day of registration to drop for a prorated refund. After that time, NO refunds will be given and I understand I must pay for the season in its entirety. I understand that all checks should be made payable to RHPAC and that I will be charged a service fee of \$35.00 for every bounced check I write. Also, I will be asked to pay in cash for the check I wrote as well as the service charge.

I understand that tuition is due in full or in 3 payments. If I elect the "3 Payment Plan" I understand that I will not be charged installment interest. I understand that all registration fees of \$35 per student are non-refundable. I understand that failure to pay tuition, late fees, or miscellaneous charges may result in termination of my child's participation in their class(es) until such a point that my account is made current.

I understand that RHPAC does NOT issue refunds for any reason, including missed classes due to illness, vacation, religious observance or withdrawal. Any missed classes can be made up in another appropriate class during the season, subject to enrollment and availability. Refunds will not be given for costumes, tights, or any other items purchased at RHPAC.

Please sign! RHPAC cannot enroll child unless signed below.

PARENT/GUARDIAN SIGNATURE: _____ DATE _____

PAYMENT CHOICE
 (Please check off below)

Payment in Full

3 Payment Plan

\$175.00 Deposit

Auto. Charge C.C.

***Credit Card is required for enrollment.**
All accounts paying by check or cash MUST have C.C. # on account.

Credit Card: **Visa | MC | Disc**

Acct # _____

Exp. Date ____/____ V-code (on back of card) _____

Cash/Check #: _____ Signature _____

*** Your credit card will be charged if payment is not received within 7 days of due date.