



2018-2019 Registration Form

Student Name: _____

Parent Name: _____

Address: _____

Phone: _____

E-mail: _____

Grade of student (Fall 2018): _____

Medical conditions/ allergies that we should be aware of: _____

Classes taking:

Broadway Kids Group Voice Acting Musical Theater

Private Voice Lessons Jazz Dance Tap

Day of the week:

M Tu W Th F

Time(s): _____

I _____ understand that this is a school year program. I understand that tuition is due at the first class of each month, and that a late fee will apply to late payments. By registering my student, I agree that they will participate for the entirety of the school year session.

*** A non-refundable \$25 registration fee per student is due with this form to secure a place in class***

**Mail to: Broadway Bound Performing Arts Academy
28 Tierney Dr. Delmar, NY 12054**

(checks payable to: Broadway Bound)