



2019-2020 Registration Form

Student Name: _____

Parent Name: _____

Address: _____

Phone: _____

E-mail: _____

Grade of student (Fall 2019): _____

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

Classes taking:

Broadway Kids Group Voice Acting Musical Theater

Private Voice Lessons Jazz Tap

Day of the week:

M Tu W Th F

Time(s): _____

I _____ understand and agree to the following. 1) Tuition is due at the first class of each month. A late fee will apply to late payments. 2) This is a 9 month program. Once started, my student(s) will participate for the entirety of the school year session. 3) I hold Broadway Bound, its owner, teachers, and assistants without fault in the event of any injury that occurs during normal class participation. 4) No refunds.

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

Check is included

Please bill me for online payment (\$0.50 fee)

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

(checks payable to: Broadway Bound)