

NUTMEG CONSERVATORY FOR THE ARTS

58 Main Street, Torrington, CT, 06790

Arts Extension Registration Form

Student Name: _____ Date of Birth: _____

Mommy/Daddy & Me Student Name: _____ Date of Birth: _____

Address: _____

Street

City

State

Zip

Home Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____

Email Address: _____ Work Phone: 860 _____

Program Selection and Fees:

Registration Fee: \$ 15.00

Program Cost: _____

Total Due: _____

Payment Received: _____

Balance Due: _____

Tap & Rhythm / Mommy or Daddy and Me

Ginger Level (Ages 7 – 13)

Ginger Level (Teen to Adult)

Nutmeg Level (Teen to Adult)

I grant my child, ward or myself permission to participate in programs, for which they are enrolled. I hereby release Nutmeg Conservatory for the Arts and its employees from all claims for all personal injuries arising from activities related to this Arts Extension program. I grant Nutmeg Conservatory of the Arts and its staff permission to authorize any emergency medical treatment that may be required for my child, ward or myself during the above-mentioned program.

All forms must be completed and received by Nutmeg Arts Extension Business Office and all accounts must be in good standing before student is permitted to attend class. No refunds once payments are processed. Makeup classes are sole decision of program's instructor.

The signing of this form constitutes a contract for the full amount of tuition and fees stated on form. Students are expected to behave in a disciplined, responsible manner. No refunds will be made due to disciplinary actions. Recordings made by means of photo, movie, video or audiovisual equipment will remain the exclusive property of Nutmeg Conservatory for the Arts as far as circulation, reproduction, distribution, projection, diffusion, or broadcasting are concerned. These recordings may also be used for commercial or promotional purposes. Student Enrollment Form must be received before the student is permitted to attend class.

I have read and understand all of the above terms and conditions.

Adult Student/ Parent/Legal Guardian: _____ Date: _____

Signature

Printed Name

