

# Fine Arts Connection



MUSIC.THEATER.DANCE

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## 2022-2023 Registration Form

**Student's Name** \_\_\_\_\_ **Grade (Sept. '22)** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_  
**Parents' Name (if student under 18)** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
**Parent Email** \_\_\_\_\_  
**Student Email (if applicable)** \_\_\_\_\_

Please list the class or classes you are interested in attending. For private lessons, please list the day and approximate time you would be available for a lesson. **We will send an email confirmation for all classes.**

<b>Class/Private Lesson</b>	<b>Day</b>	<b>Time</b>	<b>Cost</b>
1.			
2.			

**Yearly Registration Fee (\$25 per individual - \$40 per family)** \_\_\_\_\_

**TOTAL ENCLOSED** \_\_\_\_\_

### Credit Card Information

All Private lesson students are **REQUIRED** to provide credit card information to keep on file.

Visa/MasterCard/Discover/Amex # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVC Code \_\_\_\_\_

**\*Please circle if you would/would not like your card charged for classes/lessons.** ("Style, Rhythm and Grace" will show on your cc statement, not Fine Arts Connection)

-Cash/checks are accepted as well

YES

NO

**\*\*PHOTO RELEASE** – I permit my child's photo/s and/or videos to be used on FAC's website and/or social media pages for promotional purposes (names will not be posted). (please check): \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**By signing below, I agree to the following:**

**Cancellation and Refund Policies:** FAC classes that are canceled will be rescheduled at the discretion of FAC. A student who misses a class due to illness or personal conflict is not entitled to a refund. Should you choose to withdraw from a class in the first week; your tuition will be refunded to you in full. Should you choose to withdraw from a class in the second week, 50% of your tuition will be refunded to you. After the first two weeks of class, there will be no refunds of any kind. Registration fees are non-refundable. There is a \$35 fee for any returned check, and that student may not return to class until tuition is paid in full, in cash. **Waiver of Liability, Medical Agreement, parent Agreement:** I authorize the student listed above, who is physically and mentally fit, to participate in FAC. I understand there exists a risk of injury in any physical activity. I release, indemnify and hold harmless, FAC and its employees from all liabilities, suits, claims and/or demands of any kind, legal or financial, whether caused in any way by negligence or not, arising from participation in, or observation of, any FAC activities, including field trips, for injuries to any person or property whether on the premises or not.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_