



*PFM / Coral Springs Center for the Arts*

2855 Coral Springs Drive, Coral Springs, FL 33065

Box Office: 954-344-5990 NSB Office: 954-344-5991 Fax: 954-344-5980

NextStopBroadwayCS.com Email: NextStopBroadwayCS@gmail.com

## PRIVATE CLASS REGISTRATION

PRIVATE CLASSES	DAY	TIME	TUITION	AMOUNT
PRIVATE VOICE – ½ hour class			\$40.00 per class*	
PRIVATE VOICE – 1 hour class			\$70.00 per class*	
PRIVATE ACTING – ½ hour class			\$30.00 per class*	
PRIVATE ACTING – 1 hour class			\$60.00 per class*	
PRIVATE DANCE – ½ hour class			\$30.00 per class*	
PRIVATE DANCE – 1 hour class			\$60.00 per class*	
			<b>REGISTRATION FEE</b>	<b>\$25.00</b>
			1 FEE PER FAMILY	
			<i>Waived for current summer campers</i>	
			<b>TOTAL AMOUNT DUE</b>	

**\*\* Please Note: there are no sibling or class discounts nor any scholarship allowance for private classes \*\***

Please circle appropriate option(s):    New Student    Returning Student

Student's Name: \_\_\_\_\_ Student's Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Name of School: \_\_\_\_\_

Parent 1: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Parent 2: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### ***Important Information***

When NSB is closed for holidays and/or breaks private classes may continue or be scheduled at an alternate time per instructor's discretion. All students should have medical release and sign out authorization forms on file. New students and returning students with form changes, please ask the Box Office for paperwork when registering. Permission is granted for student to be photographed and/or recorded for promotional purposes.

### **\*PRIVATE CLASS AGREEMENT**

I understand the following requirements for enrollment in private classes at the Coral Springs Center for the Arts:

1. I am paying for my first lesson in advance.
2. I have included a valid credit card number and expiration date on this registration form.
3. I authorize the Box Office to charge my credit card once each month (between the 1<sup>st</sup> and the 10<sup>th</sup>) for all lessons taken since the last billing date.
4. If, for ANY reason, we are to miss a lesson, I will contact the NSB office at (954-344-5991) at least 24 hours in advance to avoid being charged for that lesson.
  - a. I understand that when I schedule a lesson with a private instructor, I am reserving that block of time for my family and am responsible for that time.
  - b. If I do not give proper notice to the NSB office, I will be charged for the unattended private lesson with no make-up class available.
5. All private class requirements apply even if or when I pre-pay. I understand that the prepaid monies will be applied to the balance owed at the end of each month. Any remaining balance will be charged to my credit card on file.

Credit Card Number \_\_\_\_\_ CVV #: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of Cardholder \_\_\_\_\_ Signature of Cardholder \_\_\_\_\_

Please **fax, mail** or **bring** this **SIGNED** registration form.

**By signing and paying the tuition you agree to all that is outlined in this contract.**

\_\_\_\_\_  
PARENT'S OR ADULT STUDENT SIGNATURE

\_\_\_\_\_  
DATE