

**Village Productions/Tri-PAC**  
**2011-12 Private Lesson Registration Form**  
P.O. Box 1325, 245 E. High Street, Pottstown, PA 19464  
610.970.1199; [www.tripac.org](http://www.tripac.org)

Continuing Village Productions Student     New Village Productions Student

Name: \_\_\_\_\_

**Under 18:** Birthdate (include year): \_\_\_\_\_ Current Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent/Guardian (if under 18): \_\_\_\_\_

Address (including zip!): \_\_\_\_\_

Email: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**PRIVATE LESSON REQUEST:** Please select the lessons you intend to take and indicate your maximum availability by checking boxes below (please be as flexible as possible). We will confirm your lesson time before processing payment.

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Private Voice Lessons  | Lesson Length (1/2 hr or hour): _____ |
| <input type="checkbox"/> Private Piano Lessons  | Lesson Length (1/2 hr or hour): _____ |
| <input type="checkbox"/> Private Acting Lessons                                       | Lesson Length (1/2 hr or hour): _____ |
| <input type="checkbox"/> Private Guitar Lessons                                       | Lesson Length (1/2 hr or hour): _____ |
| <input type="checkbox"/> Speech/Voice Production or Voice Over                        | Lesson Length (1/2 hr or hour): _____ |
| <input type="checkbox"/> Other Private Lessons (please list here): _____              |                                       |
| <input type="checkbox"/> Trial Lesson Request (at the cost of a single lesson): _____ |                                       |

**AVAILABILITY:**

DAY/TIME	MON	TUES	WED	THURS	FRI	SAT	SUN
9:00-3:00 pm							
3:00-4:00 pm							
4:00-5:00 pm							
5:00-7:00 pm							
7:00-9:00 pm							

**TUITION CALCULATION AND PAYMENT:** New students may register at any time during the year depending on teacher availability. Students who enroll after the beginning of each Quarter pay pro-rated tuition. Lesson times cannot be reserved without full payment for the Quarter. Lessons automatically continue to the next quarter and payment is due before the first date of such quarter, unless the student withdraws in writing at least 2 weeks prior to the start of the quarter. You will receive an emailed invoice prior to the start of each Quarter, and full payment is expected for that Quarter in order to continue your lessons at your reserved day/time. For Missed Lesson and Makeup Policy, please request a copy of our 2011-12 Educational Policies and School Calendar or view online at [www.tripac.org](http://www.tripac.org).

- 1<sup>st</sup> Quarter (14 lessons): Monday, September 12 – Friday, December 23
- 2<sup>nd</sup> Quarter (12 lessons): Jan 9 – April 1
- 3<sup>rd</sup> Quarter (11 lessons): April 10 – June 24
- 4<sup>th</sup> Quarter (Summer Session: 6 lessons): July 9 – August 26

*Note: Private Lesson Make-ups are November 22 & 23, December 27 – 30, January 2 - 8, April 1 – 7, June 25 – 30, or at other times as arranged through the Tri-PAC.*

**Length of Lesson**

- 30-minute/week lesson      \$22 x \_\_\_ weeks = \$\_\_\_
- 60-minute/week lesson      \$44 x \_\_\_ weeks = \$\_\_\_
- Trial Lesson (the cost of a single lesson): \$\_\_\_\_\_

**Regular Instructor**

**Master Instructor**

- \$27 x \_\_\_ weeks = \$\_\_\_
- \$54 x \_\_\_ weeks = \$\_\_\_

**Total Lesson Fees:** \$ \_\_\_\_\_  
**Annual Registration Fee:** \$ \_\_\_\_\_ (\$20/year per student, covers private, group, & camp instruction from July 1-June 30)  
**Annual Fund Donation:** \$ \_\_\_\_\_ (Optional. Thank you for supporting the Tri-PAC)  
**Total Payment Due:** \$ \_\_\_\_\_

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**PAYMENT METHOD:**

**CHECK PAYMENT** (Please make check payable to "Village Productions")

Check Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**CREDIT CARD PAYMENT:** (If paying by credit card, please complete last page)

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**Physical Limitations:** Please list any student physical limitations of which we should be aware (e.g., asthma, heart condition, food or other allergies): \_\_\_\_\_

**Medical Information:** Please circle and explain all that apply. Date of last tetanus shot: \_\_\_\_\_

Bee sting allergies	yes	no	
Other allergies	yes	no	If yes, please explain: _____
Subject to seizures	yes	no	If yes, please explain: _____
Taking medication	yes	no	If yes, please explain: _____
Diabetic	yes	no	If yes, please explain: _____

**Emergency Contact Information:** (please print) \_\_\_\_\_

**Consent & Release:** \_\_\_\_\_ (insert name of student) (and the student's Parent or Legal Guardian in the case of a minor child, on the Parent or Legal Guardian's and the minor child's behalf, collectively referred to as the Student), by signing below, and in consideration of Village Productions making educational opportunities available to the Student, hereby consent to and represent the following:

By registering with Village Productions, Student agrees to abide by all policies and procedures as outlined in printed materials and on the Village Productions website, including 2011-12 registration procedures, payment policies, and school calendar. The Student shall be responsible for timely payment of tuition outlined above, and understands and agrees that tuition and fees are nonrefundable. Student further allows the taking of photographs, recordings, film and/or other media in which the Student appears for any purpose including but not limited to promotional purposes and release via the internet and/or other media outlets, without further notice, permission, or compensation. Student further represents that he/she is adequately covered by a personal or family medical plan which includes coverage for hospitalization, medical expenses, and other related expenses which may arise from Student's participation in the Program, and that Student shall present proof of said coverage if necessary. Student grants Village Productions (and their officers, employees, agents, volunteers, independent contractors, and Board members), permission, in their discretion, to release medical information to the program staff or others deemed necessary and in the interests of the Student, and to seek and authorize emergency medical treatment for Student, and agrees to assume all medical costs incurred. Student has attached any additional important medical information about the Student to this form. Student further agrees to release, indemnify and hold harmless Village Productions (and its officers, employees, agents, volunteers, and Board members), from and against any and all claims, demands, liabilities, losses or expenses, including attorneys fees, and including any injury to Student or another party, associated with Student's participation in educational opportunities (including but not limited to those arising in connection with equipment or facilities, and those arising from a third party due to Student's own conduct). The Student further agrees that if any part of this agreement is found by a court or other appropriate authority to be invalid, the remainder of the agreement nevertheless will remain in full force and effect. The Student further acknowledges that Student has read and understood this Consent and Release, and voluntarily agrees to be legally bound by its terms.

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Parent or Guardian** (if Student is under 18): \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only**

<b>Class Code</b>		<b>Payment Type</b>
<b>Ck#</b>	<b>Amount</b>	<b>Balance</b>
<b>CC Process Date</b>		<b>CK. Deposit Date</b>
	<b>QB Receipt #</b>	<b>Agreement Y N</b>

**CREDIT CARD INFORMATION:**

STUDENT NAME: \_\_\_\_\_

CREDIT CARD TYPE:     VISA                       MASTERCARD                       DISCOVER

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Amount Authorized: \$\_\_\_\_\_

**I elect automatic quarterly payments from this credit card.**

Billing Address (*if different from above*): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_