



NEW

Fall2010-Spring2011 Class Registration

141 W. Wieuca Rd. NE, Suite B-103, Atlanta, GA 30342
(404) 459-0409, fax (404) 459-0501, b.a.star@applauseforkids.com
www.curtainsupinc.org

Curtains Up KIDS ANNIE \$450 August-November

Beginner (5-6yrs) / Intermediate (7&up)

- () 5:00-6:00pm Mondays
- () 4:00-5:00pm Wednesdays
- () 3:00-4:00pm Thursdays
() Pre-K on Broadway (3-4 yr olds)
- () 10:00-11:00am Saturdays

Curtains Up KIDS FIDDLER ON THE ROOF \$500 December - April

Beginner (5-6yrs) / Intermediate (7&up)

- () 5:00-6:00pm Mondays
- () 4:00-5:00pm Wednesdays
- () 3:00-4:00pm Thursdays
() Pre-K on Broadway (3-4 yr olds)
- () 10:00-11:00am Saturdays

Curtains Up KIDS GODSPELL \$500 December - April

Beginner (5-6yrs) / Intermediate (7&up)

- () 5:00-6:00pm Mondays
- () 4:00-5:00pm Wednesdays
- () 3:00-4:00pm Thursdays
- () 10:00-11:00am Saturdays

Broadway Voice \$750 August - May

Intermediate (7&up)

- () 4:00-5:00pm Mondays
- () 11:00am-12noon Saturdays

Hollywood Acting \$750 August - May

Intermediate (7&up)

- () 4:00-5:00pm Thursdays

Child's Name: _____ Age: _____ Date of Birth: _____
 Address: _____ City/State/Zip: _____ Email: _____
 Mother: _____ Father _____ Additional guardians _____
 Home Phone: _____ Mother's #: _____ Father's #: _____
 Meds/ Allergies: _____ Heard about *Applause* from _____ School: _____

PAYMENT:

Add \$25 registration fee for all classes per student

Payment in full: Visa, Mastercard, American Express, or check

Total: \$ _____ (including \$25 reg fee)
(there is an additional \$25 fee for new students)

All payments with *Curtains Up, Inc.* are non-refundable. However, we do give credit towards any class or camp we offer for one year after registration date.

Check # _____ OR Visa, MC, Amex # _____ Exp: _____ CVV#: _____
 to Curtains Up (\$25 fee for returned checks) Billing Address: _____ Sign: _____

Parental consent: Although every effort is made to create a safe environment, I realize there is always a risk of accident. If necessary, I authorize *Curtains Up* to administer first aid treatment or emergency treatment for my child on my behalf. I further release *Curtains Up* from all liabilities for injuries or damages arising out of personal injury of any kind. It is my responsibility to have my child picked up at the end of a scheduled class. In addition, I understand that *Curtains Up* does not refund any payments, but does give credit towards any class offered within one year of registration date. Also, I grant permission to *Curtains Up* to use my child's photo (without child's name listed) on its website, any mixed media, or other official printed publications without further consideration. I give *Curtains Up* the right to crop or treat the photo at its discretion.

Agreed Signature: _____ **Print Name:** _____ **Date:** _____