



www.curtainsupinc.org

Fall 2011 – Spring 2012 Class Registration

3400 Peachtree Road North East, Suite 147, Atlanta, GA 30326

(404) 842-1008, fax (404) 237-2578, talent@curtainsupinc.org

- CURTAINS UP KIDS PROGRAMMING -

Broadway Voice <u>August 2011 – May 2012</u> <input type="checkbox"/> 5:00pm - 6:00pm Tuesdays <input type="checkbox"/> 10:00am – 11am Saturdays	Wizard of Oz Show Class <u>August 2011 – May 2012</u> Beginner (5-6yrs) / Intermediate (7yrs & up) <input type="checkbox"/> 11:00am -12:00noon Saturdays <input type="checkbox"/> 1:00pm - 2:00pm Saturdays	Wicked Wizard & Wiz Review <u>August 2011– May 2012</u> Beginner (3-6yrs) / Intermediate (7yrs & up) <input type="checkbox"/> 12:00noon - 1:00pm Saturdays
--	--	--

Choose any class for **ONLY** \$100/Month **OR** take UNLIMITED CURTAINS UP KIDS CLASSES for \$150/MONTH

CURTAINS UP 2011-2012 REGISTRATION FORM

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 Curtains Up from _____ School: _____

PAYMENT: Add \$25 registration fee for all classes per student

Payment in full: Visa, MasterCard, American Express, or check Total: \$ _____ (including \$25 registration fee)

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#: _____

All checks payable to Curtains Up (\$35 fee for returned checks) Billing Address Zip: _____ 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: _____