

Office Use Only

Check # _____ Date _____ Total _____ Tuition _____ R/I _____ Other _____

STAR MAKER
SCHOOL OF THE PERFORMING ARTS
FLEMINGTON
Registration Form: September 2010-June 2011

Where did you hear about Star Maker? _____

Student's Name _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____ Other Daytime Phone _____

E-mail address _____

Please do not forget your e-mail address above. This is important for communication purposes.

Parent/Guardian responsible for payment (full name) _____

_____ Star Maker has my permission to use listed students' photo or video for advertising purposes.

Student's Birthday with year ____/____/____ Age as of Sept. 1st, 2010 ____ grade _____

How many Star Maker Recitals has student performed in? _____ Are you a graduating Senior? _____

Class	Day	Time

Registration Fees

\$35.00 Registration and Insurance Fee (non-refundable) For each student.

Tuition

\$60.00 per month/45minute class

Discounts are available for students taking more than one class. Call 908-788-5601 for details. Tuition is due in three convenient installments.

1. At Registration: Reg. Fee, Sept., Oct. is due.
2. Nov. 1: Nov., Dec. and June are due.
3. Jan. 1: Jan, Feb. is due.
4. March: Mar., April, May Tuition is due.

A late fee of \$25.00 per month will be assessed if payment is not made by the fifth of the month.

Choose Credit Card Auto Pay and pay per month.

NO REFUNDS: No refunds after 9.30.10

Fees Include: Costume Fee: \$60.00 baby classes, \$90.00-recreational classes; \$150.00-competitive classes. Costume fees are due by October 30th.

Recital Fee-\$60.00 per family and Tickets \$20.00 each are due in May.

School Uniforms

Pre-ballet and Tap-Pink leotard and Pink tights, white ballet shoes and white tap shoes. Ballet, Tap, Jazz, Baton, Acrobatics, Pompon- Pink or tan tights, Black leotard, pink ballet shoes, tan tap shoes, black jazz shoes, white in-step shoes. Check our web site www.starmakerschool.com

Suggested Payment Option:

Master Card/Visa # _____

Expiration Date _____

Name On Card _____

Address 4 Card _____

City _____ Zip _____

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