



**REGISTRATION FORM 2017-2018**

<b>STUDENT INFORMATION</b>	<b>DATE:</b>
First Name: _____ Last Name: _____ DOB: _____	
Address: _____ Age: _____	
City: _____ State: _____ Zip Code: _____	
School Name: _____ Grade _____ Room: _____	
Teacher's Name: _____	

<b>PARENT/GUARDIAN INFORMATION</b>	
Parent/Legal Guardian's Name: _____	Relationship to Child: _____
Cell: _____ Work Phone: _____	E-mail: _____
Parent/Legal Guardian's Name: _____	Relationship to Child: _____
Cell: _____ Work Phone: _____	E-mail: _____

<b>PAYMENT AND FEE REGULATIONS</b>
<p>1. Monthly Payments can be paid the first day of each month with check, cash, credit or debit card (by automatic payment or no), and by pay pal in our web site / <a href="http://www.coliseodelasartes.com">www.coliseodelasartes.com</a></p> <p>2. Weekly Payments for After School must be paid each Friday in advance or on Monday for the same week by cash, online, by check, bank account, and credit or debit card. But all payment must be backed by credit or debit card. Any payment not made Tuesday will be deducted automatically from the bank account, credit card or debit card, plus late payment fee charge \$45.00.</p> <p>3. All payments online will have 2% discount.</p> <p>4. There is a \$45.00 fee for declines card or check payments. This fee plus tuition must be paid in cash.</p> <p>5. Tuition for After School include care until 7.00 pm. For each 15 min late you must paid \$15.00.</p> <p>6.- During Holidays and Teacher's Workdays we are open with an extra charge of \$20.00</p> <p>7. Tuition and fee are non -refundable no matter reason      8. Registration Fee \$35.00 p/student or \$75.00 per family</p>

<b>PERFORMANCE , TEST, KARATE GRADES &amp; COMPETITIONS FEES</b>
<p>1. According with each discipline our school will participate in different events, exams and competitions. The date and cost of participation will be inform through the web page and in our school.</p> <p>2. Please understand that Coliseo de las Artes takes financial responsibility of a family's tuition and performance fee very seriously. Students will not be allowed to participate either in class or in performances if tuition and/or performance fee are not paid in full even if other not paid -in-full-even if other non refundable fees were paid.</p>

<b>MEDICAL INFORMATION</b>
<p>1. Please tell us , in full, about any medical/health, and /or developmental or behavioral conditions, including speech, occupational therapy, or the like, pas or present, and any other pertinent information that might aid in the enhancement of your child experience. We strive to care for children with various needs, but we need your full input to succeed.</p> <p> </p> <p> </p> <p> </p> <p> </p> <p> </p> <p> </p>

**TUITION PRICES:**

PRICES	AFTER SCHOOL		REGULAR PROGRAM
	Week	Month	Month
<b>KARATE</b>	\$75.00	\$280.00	\$120.00
<b>KOBUDO</b>		\$75.00	\$75.00
<b>DANCE</b>	\$80.00	\$300.00	\$120 / \$145 / \$160 / \$240 *
<b>MUSIC</b>	\$100.00 - \$125.00 *	380 - 480*	\$160 / \$280.00 *
Registration Fee: \$35		* segun # horas x semana	
Dance Uniform: \$ 120.00		Karate Uniform: \$25.00	
Karate Unif + Equipment: \$ 160.00		Karate Equipment: \$150.00	
One additional Class : + \$35.00		Two additional Classes: + \$60.00	

**REGISTERING FOR:**

After School \_\_\_\_\_ Regular Program: \_\_\_\_\_

DISCIPLINE	HOURS P/ WEEK		
KARATE	1 hour _____	2 hours _____	3 hours _____
KOBUDO	1 hour _____	2 hours _____	
DANCE	1 hour _____	2 hours _____	3 hours _____ 4 hours _____ 5 hours _____
MUSIC	1 hour _____	2 hours _____	

MUSIC	HOURS P/ WEEK
PIANO	1 hour _____ 2 hours _____
GUITAR	1 hour _____ 2 hours _____
FLUTE	1 hour _____ 2 hours _____
PERCUSSION	1 hour _____ 2 hours _____

**AUTHORIZATION**

- 1 I hereby release and discharge Coliseo de las Artes / Give Me 5 Academy Inc./ Makiwara Inc , its agents, employees, and officers from all claims, damages, actions, judgements and executions which the undersigned, heirs and executors my claim to have against Coliseo de las Artes or its successors, for all injuries caused by from the above described activities, any activities related thereto and/or failure to follow school policies, regulations or rules.
- 2 I, the undersigned, have read this document and everything concerning Tuition, Release of Claims, Publicity and Medical Information, Emergency Contact , and I completely understand all their terms. I execute this voluntarily and with full knowledge of this significance and consequences.

PRINT NAME: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

DATE : \_\_\_\_\_