

The Austin Conservatory of the Arts

2009-2010 Fall Registration Packet

Please read all information carefully.

**All registration forms must be received by May 24, 2009
accompanied by the Registration Fee (\$25 per student)
and the Production Fee (\$50 per family).**

Enrollment is for a 10 month calendar year.
Monthly installment plans are available.

Tuition paid in full by May 10, 2009 will receive the 5% discount per family,
Discounts apply to tuition only.

Classes that are full will be unavailable immediately.

Classes that do not have sufficient enrollment by August 1, 2009
are subject to cancellation.

CLASS RECOMMENDATIONS:

Please consult with The Director, Carol Feille D'Avila,
your instructor or the office staff

The Austin Conservatory of the Arts

2009-10 Registration Form

Check one _____ Wells Branch Location _____ Anderson Mill Location

Print, complete, and fax or mail this form to address below (one form per student)

Student's Name _____

Birthdate / Age _____

Street Address _____

City / State / Zip _____

Home Phone Number (include area code) _____

Mobile Phone Number(s) _____

Father's Name _____

Wk Phone# / E-mail _____

Mother's Name _____

Wk Phone# / E-mail _____

I wish to register for: (classes that are held 2 days a week should be listed as such)

Class _____	Day(s) _____	Time(s) _____
Class _____	Day(s) _____	Time(s) _____
Class _____	Day(s) _____	Time(s) _____
Class _____	Day(s) _____	Time(s) _____
Class _____	Day(s) _____	Time(s) _____
Class _____	Day(s) _____	Time(s) _____

NOTE: Discounts apply to tuition only.

_____ I commit to pay in full (5% discount for tuition paid in full). Enclosed is my payment, due May 10, 2009 including the \$25 registration fee, \$50 production fee plus full tuition for the 2009-2010 school year.

initial _____

_____ I commit to pay twice a year. The \$25 registration fee and \$50 production fee are due upon registration. Payments are due by May 24, 2009 and December 1, 2009. I understand I will not receive an invoice and I will be assessed a \$15 fee if my account is not paid by the required due dates. *initial* _____

_____ I commit to a ten-month payment plan. The \$25 registration fee and \$50 production fee are due upon registration. Payments are due by the first of the month beginning August 1, 2009 and ending with the final payment due May 1, 2010. I understand I will not receive a monthly invoice and I will be assessed a \$15 fee if my account is not paid by the first of the month. There is no proration on Tuition for missed classes. **NO EXCEPTIONS.** You may make up missed classes within 1 month. If your class is full and you are in arrears for 2 months, your {child's} place in class will be considered open and available to new students on our waiting list.

initial _____

I understand that registration is for a 10 month calendar year. Registrations received after May 24, 2009, will be accepted on a space-available basis. Registration fees and production fees are non-refundable. Tuition is not transferrable. There are no refunds or credits due to absences. Classes may be made up within one month as specified in the ACA handbook. All classes are subject to change based on enrollment.

Signature _____ *Date* _____.

For credit card payments: We accept Master Card, Visa and American Express. There is a \$2.00 fee per each auto-pay credit card transaction.

Charge the full amount: \$ _____ half year: \$ _____ 10 month payment plan): \$ _____

Card # / Exp. Date / 3 digit verification # _____

Signature for credit card _____

Make checks payable to The Austin Conservatory of the Arts

Mail with registration form to: The Austin Conservatory of the Arts, 14735 Bratton Lane, #125, Austin, Texas 78728. www.austin-conservatory-arts.com. phone: 512-989-3363 fax: 512-989-2224

Medical Treatment Release and Waiver of Claim

Child's Name: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:In the event I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the staff at The Austin Conservatory of the Arts to take my child to:

Physician: _____

Address: _____ Phone: _____

Medical facility / hospital _____

Address: _____ Phone: _____

OR to his or her substituting physician OR to any hospital.

I give my consent for whatever first aid treatment that may be necessary for my child while he/she is in the care of ACA.

Signature of Parent or Guardian _____ Date _____

Please list all known allergies, existing illness or injuries, hospitalizations during the past 12 months, any medication prescribed for long-term continuous use or any other medical condition affecting the treatment of child (i.e. penicillin, latex, epilepsy etc.)

I have read the above waiver and have provided The Austin Conservatory of the Arts with all pertinent information (contact names and phone numbers) in case of emergency, and I will update this and other such information as needed.

Name and signature of parent or guardian

Date

For and in consideration of the acceptance of the child or children named below for instruction at The Austin Conservatory of the Arts (hereinafter referred to as "ACA") Austin, Texas, the undersigned parents or natural guardians hereby release ACA from any claim which may be asserted by the undersigned, or which may be asserted on behalf of said child or children on account of personal injuries or property damages occurring on the premises of ACA. The undersigned are familiar with the methods of instruction used at ACA and the undersigned assumes all of the risks which may be involved in normal activities at ACA.

The undersigned expressly agree that ACA and its personnel may, when deemed necessary and in the best interests of the children, administer first aid and obtain appropriate medical or surgical treatment for the children, in emergencies, when the consent of a parent may not be practical or possible to obtain.

The undersigned also release any person whether directly connected with ACA or not, who may transport the children to outside performances, competitions, field trips, or any other activity outside of our facility, from all claims which may arise by virtue of injury to the children while on such outside activities, it be understood that the children will be the guests of those transporting them.

Child _____

Child _____

Child _____

Name and signature of parent or guardian

Date