

# REGISTRATION FORM SPRING 2017

Please complete this registration form in its entirety in order to register your child for classes at the Harlem School of the Arts (HSA) for Spring 2017. The Spring 2017 semester begins on **Tuesday, January 31, 2017** and ends on **Saturday, June 10, 2017**. Parents are also responsible for submitting a signed copy of the **Student Medical Form** and the **HSA Enrollment Policies Agreement**. **Final payments for the Spring 2017 semester are due no later than March 15, 2017.**

**OFFICE USE ONLY**

Date Received \_\_\_\_\_

Received by \_\_\_\_\_

Check all that apply:

New     Returning     Group Classes

Private Lessons (8 Weeks)

Private Lessons (16 Weeks)

## STUDENT INFORMATION

A separate registration form should be completed for each member of the family registering for classes at Harlem School of the Arts.

Last name \_\_\_\_\_ First name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Ethnicity:  African American/Black     Caucasian     Native American     Asian  
 Afro-Latino     Latino/Hispanic     Other: \_\_\_\_\_

Gender:  Male     Female     Gender Nonconforming    Age: \_\_\_\_\_ yrs old    Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## CONTACT INFORMATION

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent or guardian 1\* (Primary Contact) \_\_\_\_\_ Relationship\* \_\_\_\_\_

Phone\* \_\_\_\_\_ Email\* \_\_\_\_\_ Company \_\_\_\_\_

Parent or guardian 2\* \_\_\_\_\_ Relationship\* \_\_\_\_\_

Phone\* \_\_\_\_\_ Email\* \_\_\_\_\_ Company \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship\* \_\_\_\_\_

Mobile Phone\* \_\_\_\_\_ Email\* \_\_\_\_\_

## CLASSES

For **PRIVATE LESSONS**, please fill out additional information on page 4.

CLASS NAME	DAY	TIME	COST
<b>GRAND TOTAL</b>			

## TERMS AND CONDITIONS

**Academic Term:** The Spring semester begins January 31, 2017 and ends June 10, 2017. Please note that final tuition payments for the Spring 2017 semester at the Harlem School of the Arts are due no later than **March 15, 2017**. Unpaid balances as of March 16, 2017 will be transferred to an outside collections agency. HSA reserves the right to remove students with delinquent accounts from classes and programs until tuition balance is resolved.

**Withdrawal Policies and Fees:** Once a student has registered, the payer of the student account is responsible for FULL payment of the classes for which the child is enrolled. Parents/guardians wishing to withdraw a child from a course must do so within the first two (2) weeks of the semester by the following methods:

- Submit a withdrawal or cancellation request **via email** to [cancellations@hsanyc.org](mailto:cancellations@hsanyc.org).
- Submit a withdrawal or cancellation request **in writing** to Harlem School of the Arts (HSA),  
Attn: Registration Cancellations, 645 Saint Nicholas Avenue, New York, NY 10030.

Contingent upon receipt of an email or written request to withdraw a child from a class, payers will receive a refund. **A \$200.00 administrative fee will be applied and deducted from the refund without exception.** After the first two weeks of classes, NO REFUNDS WILL BE MADE.

**For Private Lessons:** If a student or parent/guardian wishes to drop or change the duration of a private lesson, it must be done **within the first two sessions. No class changes or tuition adjustments will be made after the first two class sessions. An administrative fee of \$200.00 will be applied.** Parents/guardians wishing to drop or change the duration of a private lesson must do so within the first two (2) sessions by the following methods:

- Submit a withdrawal or cancellation request **via email** to [cancellations@hsanyc.org](mailto:cancellations@hsanyc.org).
- Submit a withdrawal or cancellation request **in writing** to Harlem School of the Arts (HSA),  
Attn: Registration Cancellations, 645 Saint Nicholas Avenue, New York, NY 10030.

**Program Cancellations:** HSA reserves the right to cancel classes with insufficient (low) enrollment. In the event a class is cancelled, you will be notified and given an opportunity to transfer to another class. If you do not enroll into another class, you will receive a pro-rated refund. No administrative fee will be applied.

## FORMS OF PAYMENT

HSA accepts cash, bank certified checks, money orders, MasterCard, Visa, American Express and Discover Card for tuition payment. Returned checks and failed automatic payments are subject to a \$50.00 fee.

Agreement made as of (date) \_\_\_\_\_ and between (parent) \_\_\_\_\_ and the Harlem School of the Arts (HSA), with its principle place of business at 645 Saint Nicholas Avenue, New York, New York 10030. I, (parent name) \_\_\_\_\_

agree to pay the full tuition in the amount of \$ \_\_\_\_\_ for my selected payment option below.

TUITION PAYMENT OPTIONS	
<b>8 WEEKS (Private Lessons Only)</b>	Total Cost of Tuition Due at Registration
<b>16 WEEKS (Spring 2017)</b>	Payment #1 - 50% of TOTAL Cost of Tuition Due at Registration Payment #2 - 25% Due on February 15, 2017 Payment #3 - Remaining Balance Due March 15, 2017
<b>32 WEEKS (2017-2018)</b>	Payment #1 - 25% of TOTAL Cost of Tuition Due at Registration Payment #2 - 25% Due November 15, 2017 Payment #3 - 25% Due January 31, 2018 Payment #4 - Remaining Balance Due March 21, 2018

\*Please note that any unpaid balances as of March 16, 2017 will be transferred to an outside collections agency.

## METHOD OF TUITION PAYMENT

HSA offers convenient ways to pay your tuition. Registration is on a first-come, first-served basis. Therefore, students and their families registered for the entire year (32 weeks) secure their spot for group classes.

Please select a preferred method:

**PAY IN FULL** *Please charge credit card below for full amount.*

**I WILL MAKE REGULAR PAYMENTS ON OR BEFORE THE LISTED TUITION PAYMENT DATES.**

Parent Name (Please Print) \_\_\_\_\_

Parent Signature \_\_\_\_\_

**NEED PAYMENT PLAN** *(Tuition Payment Agreement Form Attached)*

**\*Does not release you from payment obligation; REQUIRES CREDIT CARD and AUTOMATIC PAYMENT PLAN ENROLLMENT. FAILED AUTOMATIC PAYMENTS ARE SUBJECT TO A \$50.00 FEE. UNPAID BALANCES AS OF MARCH 16, 2017 WILL BE TRANSFERRED TO AN OUTSIDE COLLECTIONS AGENCY.**

## PAYMENT PLAN ENROLLMENT

Please complete the credit card authorization information below. **FAILED AUTOMATIC PAYMENTS ARE SUBJECT TO A \$50.00 FEE.**

I authorize the Harlem School of the Arts (HSA) to charge my credit card for payment(s) for the payment plan I have selected above. I understand that my credit card on file will be automatically charged on the dates listed above. I also understand that failed automatic payments are subject to a \$50.00 penalty.

Indicate payment method:  Cash (in person only)  Visa  MasterCard  Discover  AMEX

I authorize the credit card indicated below to be charged in the amount of \$ \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_

Sec. Code \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Date \_\_\_\_\_

I have read and accept the Terms and Conditions and the Tuition Payment Overview stated above. I understand that regardless of whether my child withdraws from the school for any reason during the term, I am responsible for the payment of full tuition, charges, and fees. If additional courses are added after this agreement is signed, I am responsible for the adjusted monthly payment amount and must have a new payment plan contract signed. I understand that regardless of the financial aid package the school offers or provides, I remain obligated to pay all tuition, charges, and fees. My signature below acknowledges approval of these terms.

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

Date: \_\_\_\_\_

## DISCLOSURE OF PERSONAL INFORMATION

HSA may disclose the personal information of a student and/or his/her parent/guardian (including, but not limited to, name, address, school, grade, age, phone number, and email address) to HSA's employees for purposes of providing and facilitating the education of the student. Those purposes include, for example, personalizing the student's educational services at HSA, addressing the student's individual interests, communicating information about HSA's activities and programs, or registering or enrolling the student in HSA courses. HSA will avoid disclosing the student and/or his/her parent/guardian's personal information to any third party unless the student (if 18 years or older) or the student's parent/guardian has consented to such disclosure, or HSA is required to do so by law or to comply, for example, with legal process or a court order.

# PRIVATE LESSONS REGISTRATION FORM SPRING 2017

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## PRIVATE LESSONS

Private lessons are available in the Music and Theatre programs. Teacher assignment is made in consultation with **Yolanda Wyns, Director of HSA Music**, and/or **Alfred Preisser, Director of HSA Theatre**. For new students, an interview with the director of HSA Music and/or HSA Theatre may be required.

This form should be completed and confirmed with the director of the program for which you are interested in acquiring private lessons. If this form is not completed at point of registration, you will be instructed to contact the director of the Music or Theatre department directly. Yolanda Wyns can be reached at [ywyns@hsanyc.org](mailto:ywyns@hsanyc.org). Alfred Preisser can be reached at [apreisser@hsanyc.org](mailto:apreisser@hsanyc.org).

**\*Please note that the private lesson registration form is not valid without the signature of the program director.**

Student Name \_\_\_\_\_ Age \_\_\_\_\_

New Private Lesson Student     Returning Student     Keep previous schedule: Day \_\_\_\_\_ Time \_\_\_\_\_

Discipline:     Music     Theatre

Instrument/Technique \_\_\_\_\_ Requested Teacher \_\_\_\_\_

Lesson Length:     30 min     45 min     60 min

Level:     Beginner     Intermediate     Advanced

Indicate the confirmed day and time of your private lesson below.

Day \_\_\_\_\_ Time \_\_\_\_\_

Program Director \_\_\_\_\_

Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

Teacher \_\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_

Start Date \_\_\_\_\_

Entered by \_\_\_\_\_

Submit completed form and drop-off in person with payment.



# STUDENT MEDICAL FORM SPRING 2017

Printed Student Name: \_\_\_\_\_

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

**MEDICAL REPORT: *To be completed by your child's health care provider***

Annual medical checkups are required to attend The Harlem School of the Arts.

IMMUNIZATION RECORDS

According to NY state law, all students must have the following:

1. Two measles shots after their first birthday
2. One mumps, one rubella after their first birthday
3. Diphtheria/tetanus booster shot within the past years
4. Tuberculin test within the past two years, if previously negative.

Students who are not in compliance with New York State immunization laws will not be able to attend The Harlem School of the Arts.

**All exemptions must be approved, in writing, by the New York City Department of Health.**

ATTENTION FOREIGN STUDENTS: You must comply with NY State regulations concerning tuberculosis control. Every student must have a PPD test. BCG immunization does not exempt students from this requirement. If you had a BCG one year ago or more, you must have a PPD test and, if positive, you must have a chest X-ray and be placed on preventative antibiotic treatment. Students who are not compliant will be sent to the Department of Health for evaluation.

**I verify that all immunizations are up to date for this student.** Yes: \_\_\_\_ No: \_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

***Ballet training requires each student to be able to complete and participate in a full range of physical activities. I certify that this student is physically capable of participating in ballet training.***

\_\_\_\_\_  
Signature of Healthcare Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or type the name of the Healthcare Provider

\_\_\_\_\_  
Address

( ) \_\_\_\_\_  
Telephone