

REGISTRATION FORM

Please complete this registration form in its entirety in order to register for **LAMDA @ HSA Acting Intensive 2018**. The Summer 2018 Acting Intensive begins on Monday, **July 23, 2018** and ends on Friday, **August 3, 2018**. All students are responsible for submitting a signed copy of the **Student Medical Form** as well as a signed copy of the **Consent, Release and Indemnification Agreement** and the **HSA Enrollment Policies Agreement**. **Final payments for the LAMDA @ HSA Acting Intensive are due no later than June 21, 2018.**

OFFICE USE ONLY

Date Received _____

Received by _____

STUDENT INFORMATION

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

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* _____

PRICING

- \$1500 (Early bird special)
- \$1695 (After May 1st)

TERMS AND CONDITIONS

Academic Term: LAMDA @ HSA Acting Intensive begins **July 23, 2018** and ends **August 3, 2018**.

Final Tuition Payment Due Dates: Please note that final tuition payments for the LAMDA @ HSA Acting Intensive are due no later than June 21, 2018. **Unpaid balances as of June 22, 2018 will be transferred to an outside collections agency.**

HSA reserves the right to remove students with delinquent accounts from classes and programs until the tuition balance is paid in full. **Students with negative account balances will not be allowed to register for the Summer 2018 school term.**

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 student is enrolled. Parents/guardians wishing to withdraw 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 info@hsanyc.org.

Contingent upon receipt of an email or written request to withdraw a child from a class, payers will receive a refund. **A \$100.00 administrative fee will be applied and deducted from the refund without exception.** HSA will not provide a refund after the first two weeks of the semester or two weeks after a student has been registered.

Program Cancellations: HSA reserves the right to cancel programming with insufficient (low) enrollment. In the event a program is cancelled, you will be notified and given an opportunity to transfer to another program. 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	
LAMDA @ HSA Acting Intensive 2018	Total Cost of Tuition Due at Registration
	Payment #1 - 25% of TOTAL Cost of Tuition Due at Registration Payment #2 - 25% Due on May 18, 2018 Payment #3 - Remaining Balance Due June 22, 2018

***Please note that any unpaid balances as of June 22, 2018 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.***

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 _____

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 have read the the "Tuition Payment Overview" and fully understand the terms of the payment agreement. I agree to and accept the terms of this agreement.

AGREED TO AND ACCEPTED BY:

Parent Name or Student Name (Adult Students)

Parent or Student (Adult Student) Signature

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.

LAMDA@HSA

ACTING INTENSIVE

JULY 23 – AUGUST 3, 2018 • AGES 17–25

World-class drama conservatory, **LAMDA** (London Academy of Music & Dramatic Art), partners with leading uptown arts center **Harlem School of the Arts** (HSA) and **City College Center for the Arts** (CCCA) to offer a **Two Week Acting Intensive** course featuring LAMDA's signature approach to voice, physical training and Shakespeare.

Dates: July 23 – August 3, 2018

Ages: 17 – 25

Cost:

Two Week Intensive - \$1,695

\$1,550 when you register before May 1

TUTORS

Taught by the same industry professionals who lead LAMDA's world-leading full-time training in London along with visiting artists leading Master Classes, this summer intensive is a full 9-5 immersion in the craft of acting, designed to challenge and transform the young emerging professional.

Judith Phillips (Head of Voice, LAMDA)

Judith has been Head of Voice at LAMDA since 2009. In addition to her work at LAMDA, Judith provides vocal coaching privately and to acting companies. She works regularly with Mischief Theatre (Play that Goes Wrong, Peter Pan Goes Wrong and Comedy About A Bank Robbery) on their West End and Touring Productions. She also delivers workshops on Voice and Voice and Text. Recent workshops have included youth work with Hydrocracker Theatre Company, a workshop on the sonnets of Shakespeare at Santa Fe Shakespeare Festival, and a voice workshop with students from City College New York. She has also delivered workshops, courses and vocal support to Goldsmiths College, Warwick University, Sheffield Crucible, the National Theatre Education Department, the National Broadcasting School, ACT Brighton, Chichester College and the Voice Care Network. She works privately on communication and vocal skills with a range of professionals including actors, doctors, medical students, speech therapists, osteopaths, dancers, philosophers, architects and broadcasters. She holds an MA with Distinction in Voice Studies from Central School of Speech and Drama where she was the recipient of an Arts and Humanities Research Board award.

Prior to joining LAMDA and having graduated from Cambridge University where she held an Exhibition award to read English Literature, Judith enjoyed a successful acting career. Her acting work for theatre includes: *As you Like It*, *All's Well That Ends Well*, *Barbarians*, *Moscow Gold*, *Duchess of Malfi* and *The Changeling* (Royal Shakespeare Theatre), *The Rivals* (English Touring Theatre: national number one tour including Manchester Palace and Theatre Royal Bath), *Final Cargo* (UK tour and Moscow Theatre of the South West), *Heart of a Dog* (UK tour), *Pride and Prejudice* (Theatre Royal York and UK tour) and *Hamlet* (UK and international tour of Germany, Eire, South and Central America and Jamaica).

Her screen acting credits include: *Yellow Wallpaper*, *Panic*, *Mary Anning* and *Modotti*.

Vik Sivalingam (Theatre Director/Workshop Leader)

Vik is a London based freelance Theatre Director. He is a graduate of Arts Council England/ Birkbeck, University of London MFA in Theatre Directing and holds a PG Award in Teaching Shakespeare from Royal Shakespeare Company and Warwick University.

He has worked in theatres all over the UK including the Almeida, the Old Vic, the Royal Court, Tricycle Theatre, Southwark Playhouse, Sheffield Crucible, the New Wolsey Theatre and Headlong Theatre. Vik was Resident Director at the Royal Shakespeare Company and on *Made in Dagenham – the Musical* at the Adelphi Theatre (West End, London). Internationally, he has directed in New York, Amsterdam, Kuala Lumpur and Rio de Janeiro.

Directing credits include the UK premieres of *Home* (Sam Art Williams), *There or Here* (Jennifer Maisel) and *The Drunken City* (Adam Bock). Other credits include *The Tempest* (Olympics, Rio de Janeiro 2016), *Much Ado About Nothing* (Brooklyn College), *Twelfth Night* (Iris Theatre), *Radio Serenade* (Urban Lyrik, NY), *Invisible Man* (RSC at Park Avenue Armory), *The Bullet* (RSC at Hampstead Theatre) and *Blue/Orange* (The New Wolsey Theatre).

Vik is a much sought after Tutor and Workshop Leader working with drama schools and theatres in the UK and around the world. Selected productions directed with actors in training include *Macbeth*, *Wild Honey*, *Posh*, *Closer*, *The Glass Menagerie*, *Bus Stop*, *Time and the Conways* and *The Caucasian Chalk Circle*. The learn more about Vik visit www.viksivalingam.com

Jonathan Young (Writer / Theatre Director/ Workshop Leader)

Jonathan is a scriptwriter, maker, director and teacher. After an MA at Edinburgh University, he went on to train for two years with Jacques Lecoq at his international school of movement and theatre in Paris, before studying contemporary clowning with Sue Morrison and Philippe Gaulier. In 2001, he set up a theatre company, Shams, making new work, and was its artistic director until 2012. He produced, co-created and performed and/or directed eight productions for the company. These included writing the scripts for *The Garden* and *Reykjavik* (both finalists for Total Theatre Awards in 2006 and 2010) and *Thin Ice*, all of which toured the UK. More recently he has begun to work as a screenwriter.

Jonathan has worked freelance as a director, performer and writer / dramaturg with other theatre companies, including Inspector Sands and theatre O. He has regularly taught movement, clowning and devising skills in drama schools and universities since 2008, including at LISPA (Berlin), LAMDA, Guildford School of Acting, Mountview Academy, Birkbeck, Manchester and Northampton Universities. He is also a qualified Feldenrais practitioner and works with both performers and the general public.

For more information visit www.HSAnyc.org/lamda

LAMDA AT HSA STUDENT MEDICAL FORM

Student: _____ **Home Phone:** (_____) _____
 Last Name First Name Middle Initial

Birth Date: _____ **Age:** _____ **Sex:** M F

Address: _____ **Zip Code:** _____
 Street City State

MEDICAL EMERGENCY RELEASE

In the case of a medical emergency, the School will make every effort to contact you as soon as possible.

Contact #1 _____ **Relationship** _____ **Phone #** _____

Contact #2 _____ **Relationship** _____ **Phone #** _____

In case we cannot reach you, we need your consent to allow the staff to secure the necessary health care in an emergency.

Please read the following disclaimer and sign below.

By signing below, the above named student (and parent(s) or guardian also signing below if the student is under 18 years of age), represent to The Harlem School of Arts that each of the person signing below understands the risks of injury that are described below, and agrees that the above named student assumes all risks associated with participation in activities offered by the School, including without limitation, dance classes, theater classes, music classes or visual arts classes, workshops or activities within. By signing below, the above-named student (and parent(s) or guardians also signing below if the student is under 18 years of age), further agree to hold harmless the School, its agents, Directors, officers and employees all as set forth below.

I am aware that participation in the Classes can be dangerous activity involving MANY RISKS OF INJURY. I hereby voluntarily assume all risks associated with participation and agree to hold harmless the School, its directors, officers, employees, and agents for all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in conjunction with my participation in any activities related to the Classes, including, but not limited to, any medical care given to me and the transportation connected therewith, except for gross negligence. The terms of this agreement shall serve as a release and assumption of risk for me, my parent (s) or legal guardian who has signed below, heirs, estate, executor, administrators, assignees and all members of my family.

To the best of the knowledge of each person signing below, the student named above is in good health and suffers no disability or condition which renders his or her participation in the classes or other activity inadvisable, or otherwise limits his or her ability to participate in such activity dance or theater activity or other activities without restriction.

I hereby authorize all representatives of the School to obtain in my behalf first aid, medical care, or if necessary admission to an appropriate health care facility, including, but not limited to, anesthesia and surgery, should such care become necessary for the treatment of any injuries I may sustain while attending the School. I also hereby consent to the administration of emergency medical treatment in the event I am unable subsequent to such injury; to give consent as otherwise would be necessary.

Any qualified medical personnel are hereby notified that this authorization is currently in effect as such personnel are directed to act upon such authorization without delay. I understand that reasonable efforts will be made to contact parents, the student's physician and/or emergency numbers given by me on this form.

Signature of Parent/Legal Guardian: _____ **Date:** _____

HEALTH INSURANCE INFORMATION

Name of Insurance Carrier:

Telephone Number:

Address:

Name of Subscriber:

Type of Policy:

Policy Number:

ID Number:

PLEASE ATTACH COPIES OF YOUR HEALTH INSURANCE AND PRESCRIPTION PLAN (if any) CARDS TO THIS FORM

If you belong to an HMO and would like your child referred to a specific primary care physician or specialist, please indicate in writing.

HEALTH HISTORY

Allergies (including environmental):

Chronic Illnesses:

Medications:

MEDICATION RELEASE

I give permission to The Harlem School of Arts staff to administer the following medication in age-appropriate doses to my child on an as-needed basis:

	Yes	No
Tylenol/Ibuprofen:	_____	_____
Decongestants	_____	_____
Antihistamines	_____	_____
Antacids	_____	_____

Signature of Parent/Legal Guardian: _____

Date: _____

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

Annual medical checkups are required to attend The Harlem School of 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 10 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 complaint 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 Number



HARLEM SCHOOL OF THE ARTS CONSENT, RELEASE AND INDEMNIFICATION AGREEMENT

I, _____, am the parent/legal guardian of _____,
NAME NAME OF STUDENT

("the Student"), who seeks to enroll in the LAMDA @ HSA Acting Intensive in New York City during the period July 23, 2018 through August 3, 2018. In consideration for the Student being permitted to participate in the Two Week Acting Intensive course.

World-class drama conservatory, **LAMDA** (London Academy of Music & Dramatic Art), partners with leading uptown arts center **Harlem School of the Arts** (HSA) and **City College Center for the Arts** (CCCA) featuring LAMDA's signature approach to voice, physical training and Shakespeare.

I, together with the Student, if the Student is of legal age to execute a binding agreement, (hereinafter referred to as "I/we"), hereby agree, and represent as follows:

1. I/we accept the offer extended to the Student to enroll in and participate in the School offered by HSA, and shall be bound by the terms and conditions set forth in this Agreement:
2. I/we understand that, although HSA will attempt to maintain the School as described in its publications, brochures, website and conversations, it reserves the right to make reasonable changes or modifications to the School, including but not limited to the class schedule, curriculum, faculty and staff, co-curricular and extra-curricular activities, services and housing arrangements.
3. I/we are fully familiar with the intended activities and demands of a rigorous arts training program, including both the physical fitness expectations and the inherent and unavoidable risks of injury and harm, and I/we represent and warrant that the Student is able to participate fully in the School's activities, that no health professional has advised us of any risks or conditions that would limit or impede the Student's full and safe participation, that I/we are not aware of any medical or other conditions which would limit the Student's full and safe participation in the School, and that I/we understand and accept the inherent and unavoidable risks of injury and harm that may occur due to the Student's participation in this School. I/we agree further that if the Student sustains any injury or illness prior to the commencement of the School, we shall advise HSA promptly in writing so that an assessment can be made whether the Student can participate in the School.
4. I/we are fully familiar with the School's location in Manhattan, which is an urban area; understand that the Student will be traveling in and around New York City for classes; and understand that there are inherent and unavoidable risks of injury and harm in such situations and

activities; and I/we accept the inherent and unavoidable risks of injury and harm that will exist for the Student as a result of the Student's participation in this School. I (the parent or legal guardian) have discussed these matters fully with the Student, and represent and warrant that the Student understands the risks of injury and harm and will accept the responsibility for and comply with all School rules and regulations and directions of School staff intended to assist the Student in adapting to a program in an urban setting.

5. I/we accept responsibility for medical expenses (including treatment, medical devices, emergency room visits, ambulances, and hospitalization, whether or not covered by insurance) for any injuries or illness that the Student may sustain or experience while participating in the School; and warrant that (if applicable) the Student will provide proper identification and information to secure medical insurance coverage; and that I/we will promptly reimburse fully HSA and/or any of its employees who advance costs to secure medical treatment for the Student. I/we hereby grant permission for the Student to receive emergency medical treatment as appropriate during participation in the School as may be authorized by an adult member of the School staff.

6. I/we understand that the Student will be subject to the School's policies, rules and regulations concerning conduct, procedures and activities, which rules are set forth as an attachment to this Agreement, and acknowledge these may be amended from time to time during the School year, and I/we agree to be bound thereby. I/we understand and agree that the Student will conduct him/herself in an appropriate manner while participating in the School and during related activities. I/we understand and agree that the School is designed to provide rigorous and challenging training for the Student, and that certain conduct and activities would be detrimental to the Student's ability to participate in and profit from the School; therefore, the School unconditionally prohibits conduct by Students involving; (i) unauthorized absence from School classes; or (ii) conduct which endangers the health or safety of the Student or others. I/we understand further that HSA reserves the right to decline to retain the Student in the School at any time should the Student's actions, conduct or general behavior, in the sole discretion of HSA, be determined to interfere with, impede, obstruct or contravene the best interests of the School, the individual Student, other enrolled Students, and/or HSA.

7. I/we understand that the Student's non-refundable tuition and fees are due on payment dates referenced in the Harlem School of the Arts (HSA) catalog and registration. Failure to pay the full amounts due may result in the Student being barred or discharged from the School. In the event the entire School is cancelled by HSA before it commences, HSA will make every reasonable effort to refund tuition paid. If a Student's illness or injury, as determined by HSA in consultation with medical professionals, renders a Student unable to safely participate in or continue with the School, HSA will take under consideration a request for a partial refund of tuition only; with a final determination to be made at the conclusion of the School. If a tuition refund is granted based on the specific circumstances, I/we understand it would be pro-rated to reflect the length of a Student's participation in the School to the date of withdrawal.

8. I/we understand that if the Student has to take prescription medication or receive scheduled medical treatment, we shall notify the School in writing, and shall consult with the

School as to appropriate arrangements. It is not the responsibility of the School to make such arrangement.

9. I/we understand and agree that during the course of the School, the Students may be photographed and/or videotaped during School activities or performances, and I/we grant to HSA an unrestricted right to use in any form the image, picture, likeness, voice, and/or name of the Student for all HSA and commercial purposes.

10. I/we agree to abide by the policies and procedures established by HSA for the prudent operation of the School that restrict visitation to the classes and that governs a Student's permission to be away from the School with family or family acquaintances. I/we agree to provide the School with information on how to reach parents and/or guardians and/or emergency contact individuals in the event of travel, and to provide adequate information if parents and/or guardians are party to an agreement that sets forth custodial rights with regard to the Student.

11. I/We agree to be responsible for the prompt drop-off and pick-up of the Student and will be solely responsible for any arrangements made for drop-off and pick-up by another adult/ acquaintance when we, the parents/ legal guardians, are unable to. HSA shall not be responsible for making such arrangements or for ensuring that they take place.

12. Knowing the risks and responsibilities described in this Agreement and which generally may arise from participation in an activity such as the School, and in consideration of being permitted to participate in the School, I/we agree, on behalf of the Student, the Student's parents/legal guardian, family, heirs and personal representatives, to assume all risks and responsibilities surrounding the Student's participation in the School. To the maximum extent permitted by law, I/we release, waive, indemnify and hold harmless the Harlem School of the Arts (together with its affiliated entities), its past, present and future trustees, directors, officers, employees, students, agents and assigns (whether acting as agents for HSA or in their individual capacities) (hereinafter, collectively "HSA"), from and against any present or future claim, loss, cause of action, costs, fees, fines, penalties (including reasonable attorney's fees and court costs) or other liability for injury to person or property, whether in law or equity, which I/we may suffer, directly or indirectly or for which we may be liable to any other person, as a result of the Student's participation in the School and School-related activities (including periods in transit to or from where the School is being conducted), as a result of the actions of a third party, or as a result of the negligence (other than gross negligence) or any other act or omission on the part of HSA.

13. I/we agree that this Agreement is governed by the laws of the State of New York applicable to contracts made and wholly to be performed in the State of New York, and that any dispute arising from or relating to the Student's participation in the School, or this Agreement, shall be brought and adjudicated in the Supreme Court of the State of New York, County of New York, or the United States District Court for the Southern District of New York. Should any provision of this Agreement be found to be unenforceable, all remaining provisions will continue to be in full force and in effect.

14. This Agreement represents the complete understanding of the parties concerning responsibility and liability for the Student's participation in the School, supersedes any previous or contemporaneous understandings, whether written or oral, and cannot be changed or amended except by a writing signed by both parties.

I/we have carefully read this Agreement before signing it and fully understand its terms and conditions and am signing it voluntarily with the intent to be legally bound.

I, as parent/legal guardian, represent that I have the authority to execute this agreement on behalf of myself and the Student, provided that if the Student is eighteen (18) years of age, his or her signature below, is legally binding as well.

Exhibit A:

LAMDA @ The Harlem School of the Arts Acting Intensive Tuition, Fees, & Policies

- \$1500 when you register before May 1
- \$1695 after May 1

Timeline:

1. 25% of TOTAL Cost of Tuition due at Registration
2. 25% of Tuition Balance due **May 18, 2018**
3. FINAL Tuition Payment due **June 22, 2018**

Policies:

1. Families may elect to pay the required minimum of 25% or the full 100% of tuition at the time of enrollment.
2. HSA accepts Cash, AMEX, Master Card, Visa, Discover and checks made payable to The Harlem School of the Arts.
3. Tuition payments must be completed by the above timeline to hold a student's place in the program.
4. If a student's class placement changes after the time of registration, HSA's Registration Staff will be in touch and will adjust the total tuition amount.
5. Once a student has registered, the payer of the student account is responsible for FULL payment of the class(es) 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, or after the student has been registered, by the following methods:
 - a. Submit a withdrawal or cancellation request via email to info@hsanyc.org.

- b. Contingent upon receipt of an email or written request to withdraw a child from a class, payers will receive a refund. A \$100.00 administrative fee will be applied and deducted from the refund without exception. HSA will not provide a refund after the first two weeks of the semester or two weeks after a student has been registered.
 - c. If a student must withdraw due to severe illness or injury that occurs while attending HSA, he/she may be eligible for a partial refund only with a written note from a physician.
6. There are no refunds for dismissal; if a student is dismissed for reasons of unacceptable conduct, there is no refund on tuition and families will also be responsible for remitting the full tuition balance.
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PARENT/LEGAL GUARDIAN/STUDENT MUST SIGN

BY PARENT/LEGAL GUARDIAN/STUDENT *(if over 18 years old)*

Signature _____ Date _____

Name (Please Print) _____ Relationship _____