



School of the Performing Arts in the Richmond Community

2010 Fall Registration Form

Contact Information
 2106-A North Hamilton Street
 Phone: 804-353-3393
 Fax: 804-359-9045
 Website: www.SPARCOnline.org
 Blog: www.sparconline.wordpress.com

SAVE YOURSELF PAPERWORK!
 Register your child for classes ONLINE
 at www.sparconline.org!

Student Information		Billing/Payment Information			
Student Full Name:		I will pay my child's Fall 2010 registration:			
Name Student goes by:		<input type="checkbox"/> In Full <input type="checkbox"/> Two Equal Payments; Check _____ Credit Card _____			
Mailing Address:		Credit Card Number (<i>please note: Only Visa, M.C., or Discover</i>):			
City, State, Zip:		Expiration Date:	CVV2 Number (<i>see back of your card – last 3 digits near your signature</i>)		
Home Phone:		I authorize SPARC to charge my credit card for the amount specified above upon receipt of this registration form. I understand that if I am paying by credit card and decide to pay in two payments, my card will automatically be charged for the balance of Fall tuition on or after October 1, 2010. Signature: _____			
Student (or Preferred) Email:					
Class Information (please refer to Fall 2010 Brochure or website)					
My child is a: ___ New Student ___ Returning Student		Class Location (i.e. Epiphany, Bon Air, Tuckahoe, SPARC Center, etc)			
Class Name (i.e. Mini SPARC, CORE, etc.)		Day of the Week/Time:			
Other Student/Family Information					
School attending:	Age:	Grade:	Male/Female:	Date of Birth:	
Please describe any health problems or concerns that we should be aware of (i.e. allergies, asthma). If necessary, on a separate sheet, provide detailed instructions to deal with the problem in case of an emergency.		Certain governmental entities and private foundations that provide grants to SPARC require/request information about the ethnicity of our student body. We do not disclose information about any individual student's race or ethnicity, but do provide such information about our student body in the aggregate when required/requested to do so. You are under no obligation to provide this information, and doing so will not affect your application.			
Please describe any prior acting, singing and dance training and/or experience (use separate sheet if necessary).		<input type="checkbox"/> African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Multiracial <input type="checkbox"/> Other			
Parent or Legal Guardian Information					
1. Name of one parent and/or legal guardian:		Relationship to student:			
Parent/Guardian's Employer:		Work Phone:	Work Extension:	Email:	
2. Name of other parent and/or legal guardian:		Relationship to student:			
Parent/Guardian's Employer:		Work Phone:	Work Extension:	Email:	
Emergency Contact Information					
Name of Contact:		Daytime Phone:			
Relationship to Student:		Evening Phone:			
Should a carpool list be requested, may SPARC use your name, phone number & address? Yes _____ No _____		May SPARC use photos taken of your child in our flyers, Brochures and newsletters for publicity purposes? Yes _____ No _____			

WAIVER/RELEASE AND MEDICAL AUTHORIZATION

I, the undersigned parent/guardian, hereby authorize _____, to attend SPARC classes. By this, I agree to be responsible for all medical bills, costs, and expenses (including ambulance services) incurred in providing necessary care to my child, and I authorize the direct billing of my health insurance carrier noted below. In cases of emergency, SPARC shall act merely as my agent and neither SPARC nor the staff shall incur any liability for the good faith exercise of the authority granted by this Release and Medical Authorization.

I hereby agree to enroll my child in the SPARC program for the Fall 2010 semester. I agree to pay the full class tuition for the class(es) I have registered him/her for. I also understand that collection measures will be pursued to obtain any outstanding balance. I understand that I will not receive a refund for classes that are cancelled for a reason beyond SPARC's control, such as inclement weather or problems at the class site, and that classes will not be made up. I understand that my child may not attend a SPARC class for which he or she is not registered.

WITHDRAWAL/REFUND POLICY: I understand that to withdraw this student from their class(es), I must notify the SPARC Office Manager by telephone or in person in order to be eligible for a refund. In addition, a written request, which includes the student's name, class location, class name, and amount paid, must be sent to the SPARC office to confirm this student's withdrawal. This may be done via email as well. Withdrawals are handled on a case-by-case basis. Please allow 2 – 4 weeks for SPARC to process and handle your refund. You may also apply any remaining balance to future classes.

Parent/Guardian's Signature

Date

Insurance Policy Carrier

Policy Number

FINANCIAL AID INFORMATION

Note: Full or partial Financial Aid is based on need. **To be considered, please include a non-refundable \$15.00 processing fee with this registration form. Do not include any other money with this form.** When we receive this registration form and your \$15.00, we will send you a Financial Aid application. After the Financial Aid committee makes its decisions, we will let you know how much you will need to pay for class tuition.

I would like to request a Financial Aid application for full or partial tuition. My \$15.00 processing fee is included.

Financial Aid applications **MUST** be received at the SPARC office no later than **August 30, 2010**. No forms will be accepted after this date.

PLEASE NOTE: If you are applying for financial aid, we ask that you fill out this paper form rather than register your student online as there is no financial aid form available through our website. We thank you for your understanding!