



IN NEW MILFORD'S HISTORIC BUSINESS DISTRICT  
 66 RAILROAD STREET NEW MILFORD CT 06784  
 WWW.FINELINETHEATREARTS.COM

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

- PAID IN FULL
- PAID REGISTRATION FEE

Paid by:  VISA  MC  DISCOVER  CHECK  CASH

CREDIT CARD/EXPIRATION \_\_\_\_\_

**WINTER/SPRING 2008 REGISTRATION FORM** *(one per student, please)* - mail, fax (860-210-0875) or bring to the studio  
 Semester runs from February 4th - May 31st

Please Circle: Returning Student or New Student  
 Please note: There is a \$10 registration fee for new students

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_

Parent(s) / Guardian(s): \_\_\_\_\_

E-mail: \_\_\_\_\_  
 PLEASE BE SURE TO INCLUDE A CURRENT E-MAIL ADDRESS. WE USE IT FOR ALL CORRESPONDANCE AND BILLING.

Street, City, State, Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ (W) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Physician: \_\_\_\_\_

Check here if you are interested in being a parent volunteer.

**TUITION RATES:** Rates are per semester (16 classes). Payment is due on or before your first class. No refunds will be given after three weeks.

- |                           |                            |  |
|---------------------------|----------------------------|--|
| 30 Minute Class: \$140.00 | 1-1/2 Hour Class: \$310.00 | <i>Multiple class discounts for tuition above \$1000.<br/>Private lessons available.</i> |
| 45 Minute Class: \$210.00 | 2 Hour Class: \$450.00     |  |
| 60 Minute Class: \$285.00 | Dance Ensembles \$300      |  |

CLASS NAME	TEACHER	DAY/TIME	START DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- |   |   |                                       |  |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> Jr. Dance Ensemble | <input type="checkbox"/> Sr. Dance Ensemble | <input type="checkbox"/> Tap Ensemble | <input type="checkbox"/> Acting Ensemble |
|---|---|---------------------------------------|--|

**Waiver of Liability:** I am aware of and fully understand that I am or my child is participating in an activity that can cause injury. I agree that I will not hold FineLine Theatre Arts, LLC or its staff liable for injuries or illnesses contracted while participating in any class or event associated with the school.

**Signature of Guardian / Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_