

Leadership, Arts, & Performance (LEAP) Academy

Global Organization for Arts and Leadership (GOAL)
WWW.GO-AL.ORG | Contact: goalprogram@hotmail.com

REGISTRATION FORM

Student's Information				Parent/Guardian's Information		
FIRST NAME		M/F		PRIMARY CONTACT	NAME	
LAST NAME					EMAIL	
BIRTHDATE		AGE			PHONE	
ADDRESS				SECONDARY CONTACT	NAME	
CITY, STATE, ZIP					EMAIL	
SCHOOL		GRADE			PHONE	

How did you hear about our program? _____

Please note any special needs or allergies your student has _____

Please ask staff for Schedule & Cost

FALL/WINTER SEMESTER/THE NUTCRACKER MUSICAL SEP 9, 2019- DEC 7, 2019 (13 weeks) Subject to Change	SELECT OPTION	COURSE(S)	DAYS OF WEEK / TIME	PAYMENT OPTION	COST **			
Integrated Learning (Theatre Production + 1 course per week)		<input type="checkbox"/> Classical <input type="checkbox"/> Ballet <input type="checkbox"/> Voice <input type="checkbox"/> Character Dance <input type="checkbox"/> Tap <input type="checkbox"/> Theatre Production <input type="checkbox"/> Public Speaking	<input type="checkbox"/> Mon _____ <input type="checkbox"/> Tue _____ <input type="checkbox"/> Wed* _____ <input type="checkbox"/> Thu _____ <input type="checkbox"/> Fri _____	<input type="checkbox"/> Full Year <input type="checkbox"/> Semester <input type="checkbox"/> Monthly				
Integrated Learning (Theatre Production + 2 courses per week)								
Integrated Learning (Theatre Production + 3 courses week)								
A la Carte (1 course; 10 weeks/semester)								
After-School Care (\$80/week or \$20/day) <i>Students enrolled in extended care can attend as many classes per week available for their age group.</i>								
WINTER/SPRING SEMESTER/TBD JAN 20, 2019 - MAY 2, 2019 (13 weeks)	SELECT OPTION				COURSE(S)	DAYS OF WEEK / TIME	PAYMENT OPTION	COST*
Integrated Learning (Theatre Production + 1 course per week)						<input type="checkbox"/> Mon _____ <input type="checkbox"/> Tue _____ <input type="checkbox"/> Wed* _____ <input type="checkbox"/> Thu _____ <input type="checkbox"/> Fri _____	<input type="checkbox"/> Full Year <input type="checkbox"/> Semester <input type="checkbox"/> Monthly	
Integrated Learning (Theatre Production + 2 courses per week)								
Integrated Learning (Theatre Production + 3 courses per week)								
A la Carte (1 course; 10 wks/semester)								
After-School Care (\$80/week) <i>Students enrolled in extended care can attend as many classes per week available for their age group.</i>								
* Wednesday, 3:30pm-4:30pm (Ages 6-8) and 5:30pm-7:00pm (Ages 9-14) is mandatory for students participating in Theatre Production for Weeks 1-10 weeks. For Weeks 11-13 in lieu of classes the times are daily 4:30pm-6:30pm (Ages 9-18) and 4:30pm-5:30pm (Ages 6-8).				TOTAL DUE				
**Tuition includes Registration Fee. Integrated Learning tuition also includes Costume Fee.								

Payment

Check enclosed Check # _____

Credit Card Online <http://go-al.org/leap-academy>

OFFICE USE ONLY (Date and Initial)

Entered on Class List _____ Payment Received _____ Balance Due Recorded _____

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TUITION & CANCELLATION POLICIES / AGREEMENT

- Tuition is due at the time of registration.** Parent/guardian can pay the **yearly tuition in full, by semester**, or in **monthly** installments. For monthly installments, 1st payment is due at registration. If paying by **check**, please make it payable to Global Organization for Arts & Leadership (GOAL). If paying by **credit/debit card**, please pay online at <http://go-al.org/leap-academy>. Students with outstanding accounts will not be admitted to class.
- Installment Payment Plan**
 - Parent/guardian will provide authorization below for a credit/debit card to be charged monthly after the first month's payment at registration. The credit/debit card must have an expiration date beyond May 2019.
 - Monthly tuition amount for the registered program will be charged to the card on file on or after the 5th of each month for the subsequent months of the semester or academic year.
- Students must sign up for the entire semester or for yearly two semesters.**
- Registration:** To register please download, complete, and email the Registration Form to goalprogram@hotmail.com and pay online with credit/debit cards on <http://go-al.org/LEAP-Academy/> (scroll to the bottom of webpage). Tuition is due at the time of registration. You can pay the yearly tuition in full, or in monthly installments. For monthly installments, 1st payment is due at registration and subsequent payment by the 5th of every month. Students with outstanding accounts will not be admitted to class.

Students must sign up for the entire semester or year. Students have one-week trial period, within which can withdraw without penalty and are responsible for only that month's tuition, minus processing fee of \$120 and minus previously applied two semesters payment discounts. After the trial period tuition is not refundable (Please read Cancellation and Refunds section of the form below). During Weeks 1-10, Film Production meets once a week on Wednesday at 4:30-7 pm. Week 11-12 (FILM PRODUCTION) all students must commit to three days/week and for Week 13 (TECH WEEK) for five days/week to ensure a smooth production. Required forms (Registration Form, LEAP Academy Contract, Tuition Agreement, and Medical Form) must be signed and submitted before your student's participation in the Academy. Students without these forms will not be allowed to attend.

5. **Cancellation and Refunds:** Non-Refundable*

* Students can withdraw from the program at the end of the one-week trial period and are responsible for only that month's tuition, minus processing fee of \$120 and minus previously applied two semesters payment discounts. After the trial period the tuition is non-refundable, students are still obligated for the full tuition (even when paying in monthly installments). If students have paid for two semesters, after the trial period of one-week only the second semester tuition will be refunded, minus processing fee of \$120 and minus previously applied two semesters payment discounts. No refunds will be issued if withdrawing during second semester.

5. **Visitor Policy:**

- For insurance purposes, participants may not bring visitors to class or rehearsal.
- GOAL and its LEAP Academy has an open-ear policy, but we do ask that parents remain outside the classroom.

6. **Photography & Videography:** To protect GOAL's intellectual property, photography and videography of classes, rehearsals, and performances are strictly prohibited. By signing this waiver, you give permission for GOAL to use pictures or videos of academy participants in educational or promotional materials. All photography is property of GOAL. Your name will not be released without your permission. Family and participants in GOAL's programs are not allowed to take pictures or video.

7. **Required forms** (Registration Form, Tuition & Cancellation Policies/Agreement, LEAP Academy Contract, and Program Waiver & Medical Care Authorization) must be signed and submitted before your student's participation in the Academy. Students without these forms will not be allowed to attend.

I, _____, **have read, understand, and agree to the Registration and Cancellation Policies as stated above. If paying in installments, I give my permission for the card below to be charged for those payments:**

Please charge my: Visa MasterCard American Express

Card # _____ Expiration Date _____ CID _____

Parent/Guardian Signature _____

Date _____

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PROGRAM WAIVER

I, _____ (print parent/guardian's name), parent or legal guardian of _____ (print child's name), give my permission for him/her to participate in **all** Global Organization for Arts and Leadership (GOAL) / LEAP Academy program activities and outings. I understand that like all other physical activities, participation in gymnastics, dance, theatre, and fitness carries with it a reasonable degree of risk. I agree that neither *Global Organization for Arts and Leadership (GOAL)*, nor its officers, directors, operators, agents or instructors may be held liable in any way for any occurrence in connection with the student's participation in gymnastics, dance, fitness, theater, singing, rehearsals or stage performance which may result in serious injury or other damages to me, my family, heirs or assigns. I further personally assume all risks in connection therewith, whether foreseen or unforeseen. In consideration of our family's participation, I agree individually and on behalf of our family (estate or heirs) to the terms of the above agreement and hereby release GOAL / LEAP Academy, its officers, directors, operators, agents, and instructors of liability from any claim by me, my family, estate, heirs, or assigns arising out of such participation.

In addition, by signing this waiver, I give GOAL / LEAP Academy permission to use any pictures or videos of my child and our family for promotional purposes.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND GOAL / LEAP ACADEMY, AND I HAVE SIGNED THIS OF MY OWN FREE WILL.

Parent/Guardian Signature _____

Date _____

MEDICAL-CARE AUTHORIZATION & EMERGENCY CONTACT

I, _____ (print parent/guardian's name), parent or legal guardian of _____ (print child's name), hereby give my permission for him/her to receive emergency treatment to include first aid and/or CPR by a qualified staff member. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health in case I cannot be contacted. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Hospital Preference: _____

Child's Physician's Name: _____ Phone: _____

Emergency Contact Information: In case of emergency, GOAL / LEAP Academy Staff is directed to call 911 immediately, then the parent or guardian. If you cannot be reached, please list two people most likely to be home and able to assist your child.

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Parent/Guardian Signature _____

Date _____

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LEAP Academy Contract

Student and Parent/Guardian must both read and sign this contract.

As a Student and a Parent/Guardian, we have the following responsibilities:

- 1 **One Semester Agreement:** I am making a one/two semester (four/eight months) commitment to Global Organization for Arts and Leadership (GOAL)'s LEAP Academy, and the Academy is making the same commitment to me and my development. I understand that during this period, I must remain enrolled in the scheduled LEAP Academy classes.
 - 2 **Extenuating Circumstances:** If circumstances make it impossible for me to complete my Integrated Learning program, I understand that I must submit a letter of explanation, and have a meeting with the staff. I understand that tuition is required for the full semester regardless of my attendance after the one-month trial period.
 - 3 **Program Quality:** I understand that my full participation is necessary to my progress, and I will do the work required to the absolute best of my ability. I understand that "slacking off" may result in a conference and even removal from the program without refund of tuition.
 - 4 **Enrollment:** I understand that if I wait too long to register, classes may be full, or classes may be cancelled due to low enrollment.
 - 5 **Attire:**
 - Girls: I understand that I must bring a pair of appropriate dance shoes for each dance class in which I am enrolled (black jazz shoes, ballet slippers, tap shoes), a black camisole or short/long sleeve leotard, and pink tights to class, and performances. I must have my hair neatly pulled back.
 - Boys: I understand that I must bring a pair of appropriate dance shoes for each dance class in which I am enrolled (black jazz shoes, ballet slippers, tap shoes), comfortable black sweatpants, and a white/black t-shirt to class, rehearsals, and performances.
 - 6 **Drop Off/Pick Up:** I will arrive no earlier than 15 minutes before class and leave no later than 10 minutes after the scheduled ending time. Otherwise, I must be enrolled into LEAP Academy extended care. I release Global Organization for Arts and Leadership (GOAL) / LEAP Academy from responsibility after the scheduled ending time.
 - 7 **Student Behavior** must be respectful towards the learning process, all GOAL teachers and staff and other LEAP Academy students. After three warnings, the student will be asked to leave LEAP Academy without a refund.
 - 8 **Unexcused Absences:** I understand that unexcused absences or late arrivals hurt me and other students and may result in removal from the program without refund of tuition.
 - 9 **Integrated Learning Courses:** My participation in the integrated learning courses I am enrolled in during Week 1-10 are part of this agreement. I understand that all the weekly courses are mandatory and I must commit to attending the courses.
- Productions:** My participation in Productions is part of my agreement, and I understand that Productions course every Wednesday, (4:30-7:00pm/ages 9-18 and 2:30pm-3:30pm/ages 6-8) and production rehearsals are mandatory. * **Wednesday, 3:30pm-4:30pm (Ages 6-8) and 5:30pm-7:00pm (Ages 9-14) is mandatory for students participating in Theatre Production for Weeks 1-10 weeks. For Weeks 11-13 in lieu of classes the times are daily 4:30pm-6:30pm (Ages 9-18) and 4:30pm-5:30pm (Ages 6-8).**
- 10 ****Tuition includes Registration Fee.** Integrated Learning tuition also includes Costume Fee.
I understand that for Week 12 and the entire TECH WEEK (Weeks 13), I must commit to attending the rehearsal every day of the week.
 - 11 **Student Conferences:** I understand that my student and I must sign up for at least one parent/student conference during the semester.

Student Name: _____ Signature _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date _____