

# Interact Studio, Inc. Registration and Behavior Policies 2010-2011

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Parent Name

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Student Name

**REGISTRATION FEE:** All first-time InterACT Studio, Inc. (InterACT) students must pay a one-time non-refundable registration fee of \$25. This registration fee includes school-year classes and summer camp.

**TUITION & FEES** All classes require a commitment for the school-year (September through May). Courses are \$70 per month for a total of \$630 over nine months. Save more than 10% by paying in full (\$565) by the first October class. You can also save \$5 per month by paying 'quarterly': \$195 at the first class in September, December, and March. Payment may be made by cash, check payable to InterACT Studio, Inc., or Visa, MasterCard, Discover and American Express.

**REGISTRATION:** Registration is complete upon receipt of the signed and completed *Registration and Behavior Policies Form*, and payment of initial fees. Registration is on a space-available basis.

**PAYMENTS:** Payment may be made by Check or Money Order made payable to InterACT. Visa, MasterCard, Discover Card and American Express are accepted by phone, mail, online and in-person.

**REFUNDS:** Refunds are given when a course is cancelled by InterACT. Refunds are considered when a cancellation is made in writing two weeks prior to the first day of class. An administrative fee of up to \$15 per item may be applied against credit card and other processing costs.

**CANCELLATION:** Classes require a minimum number of students. Although it is unlikely, a class may be cancelled by InterACT because of insufficient enrollment.

**RETURNING STUDENTS:** Returning students will be placed first if they are registered 14 days prior to the start of a session. Otherwise, registration is accepted on a first-come, first-served basis. Class size is generally limited to 15 students per class unless otherwise noted.

**CONFIRMATION:** Your registration will be confirmed by e-mail containing more details about preparing for the first class session. E-mail registrations are answered within 48 hours.

**STUDENT BEHAVIOR AGREEMENT:** Students are expected to respect instructors, staff, guests and other students. Students are also expected to respect the property and equipment of the studio. Students must stay with their assigned classes. Disruptive or disobedient behavior is not permitted.

If they do not follow rules as presented to them from time to time, they may be dismissed temporarily or permanently without refund from this and subsequent sessions.

**Behavior Agreement:** I have read and understand the rules and responsibilities expected of all students. In the event that a student does not follow these rules the student may be dismissed from this and subsequent sessions. I understand that refunds are not given for any session.

**Name, Video and Picture Release:** I do hereby give permission to InterACT Studio, Inc. (InterACT) to use any and/or all photographs and videos of me and/or my children created during the usual activities of summer theatre camp and classes for future agency publications and presentations. My child may be photographed/videoed and name released by Interact and its assignees for possible use in Interact promotional and/or advertising materials. The intent would be to use such material for brochures, web sites and media releases related to camp activities. Any such photographs used will be used strictly for promotional purposes for InterACT and will not be released for any kind of product advertising or sales.

**MEDICAL RELEASE FORM:** In the event that I cannot be contacted, I give my permission for the above referenced student(s) to receive any emergency medical treatment/assistance deemed necessary. I understand that participation in physical activity carries a degree of risk. Therefore, students are responsible for following instructions and safety precautions given by the instructor/staff. I am aware that InterACT does not carry individual student insurance to cover accidents that may occur. I am aware that I have been advised to carry my own insurance. I further understand that I must inform staff in writing at the time of registration of any existing behavioral or medical issues. Please attach.

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Physician Name

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Physician Telephone Number

**Parent/Guardian** Minors will not be permitted to participate in class activities unless this form is completed and signed by a parent/guardian. Such signature acknowledges understanding of and compliance with Student Behavior Agreement, Name, Video and Picture Release and Release Form.

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Parent/Guardian Signature \*

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Student Signature

Date