

STUDENT'S NAME: _____

PARENT'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

CELL NUMBER: _____

E-MAIL: _____

STUDENT'S AGE: _____

MAKE ALL CHECKS OUT TO MARANO ENTERTAINMENT

I CAN PAY \$650.00 FOR THE SESSION ON THE FIRST DAY OF CLASS.

IF THERE IS AN ISSUE TO NOT PAY FOR THE SESSION UPFRONT, PLEASE CONTACT ME SO WE CAN FIGURE OUT A FINANCIAL PAYMENT PLAN; HOWEVER, ALL PAYMENTS MUST BE MADE ON THE FIRST SATURDAY OF THE MONTH OF \$130.00.

I agree to comply with the following:

If my child quits, I am financially responsible to pay the entire amount up to the performances. The cost of the program is \$650.00; if you are on a financial payment plan.

If you are NEW student, there is a registration fee of \$50.00 per person to hold a spot for you. It is nonrefundable; however, it goes toward the payment of the session.

To be on time to class and if I can't make the class, please contact Ellen Marano at (818) 389-1799 or e-mail: Velda17@earthlink.net

Must commit to doing the 5 months rehearsal until the performances.

Parent's Signature
