



# ACTeen June Academy Registration Form

## June Academy

Before filling out this form, please contact Rita Litton, ACTeen Director, to schedule an interview/audition. If informed of your acceptance, please print this form, fill it out, and return with check payable to "ACTeen Inc.," to:

Rita Litton  
ACTeen Director  
35 West 45th St., 6th fl  
New York, NY 10036.

Date: \_\_\_\_\_

(Note: Discounts apply to date payments are received at ACTeen):

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

**Please type or fill in neatly:**

### Student's Name

First: \_\_\_\_\_ Last: \_\_\_\_\_

### Current Mailing Address

Street/Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_ Student Cell Phone: (

Parent E-mail: \_\_\_\_\_ Student Email: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_

Parent 1 Business \_\_\_\_\_ Work Phone:( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_

Parent 2 Business \_\_\_\_\_ Work Phone:( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_

Agent/Manager (list only if you have representation): \_\_\_\_\_

In case of emergency contact: (name/telephone) \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy number: \_\_\_\_\_

Local Address: (out of state students...where will you be staying in NYC area?) \_\_\_\_\_

Local contact number \_\_\_\_\_

I, \_\_\_\_\_ [student's signature], have read the ACTeen brochure, schedule, inserts, etc., and understand the terms, fees, conditions, cancellation, make-up policies, etc., and wish to enroll in:

I, \_\_\_\_\_ [parent's signature if student is under 18], have read the ACTeen brochure, schedule, inserts, and agree to the terms, fees, conditions, cancellation, and make-up policies. Registration confirms consent to allow ACTeen permission to use student's comments and/or photograph in ACTeen promotional materials. Please enroll the above student in this semester.

I, \_\_\_\_\_ (student name) wish to enroll in the JUNE ACADEMY.



**Tuition:**

**\$1600**

1. Tuition Total:		\$ _____
2. Deposit Necessary (50% of #1, payable to "ACTeen")*:	-	\$ _____
3. Add Application Fee (+ \$25). If paid list '0':	+	\$ _____
4. Deposit Enclosed (add #2 + #3):	-	\$ _____
5. Full Tuition necessary (100% of #1 after May 1):	=	\$ _____
6. Balance Due: (if any, due May 1)**	=	\$ _____

\* Registration after May 1 requires full tuition payment.

\*\* Equals # 1 minus #4. Due by deadline.

Note: Deposit Necessary (50% of #1, payable to "ACTeen Inc").

**Please send checks or money orders. NO CREDIT CARDS!**

Tuition balance due May 1.

Registration after May 1 requires full tuition payment. Students with balances outstanding after May 1 will lose any early registration discount applicable. Balances outstanding past May 15th will forfeit deposit and reservation for programs.

Tuition paid after June 1 must be paid by bank check, money order, or cash.

CANCELLATION POLICY: June Academy cancellation requests must be received in writing, signed by a parent or guardian, and arrive by May 1 to receive a full refund (less non-refundable application fee). No refunds or credits after May 1 or after classes have begun for any reason. This policy is firm and necessary to maintain our small class composition.

Student Signature/Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Parent/Guardian Signature/Date: *(if Student is under 18 years of age)* \_\_\_\_\_

Please Print Name: \_\_\_\_\_