



Performing Arts Group Classes Registration

2023-2024

STUDENT INFORMATION

First Name: _____

Last Name: _____

Age: _____ D.O.B. _____ Allergies: _____

Special Needs: _____

Gender:

Male

Female

SCHOOL CURRENTLY
ATTENDING: _____

PARENT/GUARDIAN INFORMATION

Father's Name: _____ Cell: _____

Mother's Name: _____ Cell: _____

Address: _____

City: _____ Zip Code: _____

other phone #: Other Tel: _____

E-mail Address (please print clearly):

Name / emergency contact information for any other person authorized to pick up your child (if applicable):

Name

phone

Signed: _____ Date: _____

Parent/Guardian

Inna's Hall Of Fame – Performing Arts Conservatory

Tel: 954-237-6021 🎵 Fax: 954-543-5188

8685 Stirling rd. Cooper City, FL 33328



Consent/Waiver Form

(Please sign and return the form below)

I have received a copy of the Rules and Regulations and the Tuition Information (also available on our website) for INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY. I acknowledge that it is my responsibility to read and understand these rules and regulations and the tuition information. It is also my responsibility to read and explain the rules and regulations to my child/children. I understand and acknowledge that the director and/or the instructors of the INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY may remove my child/children from class for not meeting and/ or following these rules and regulations.

I hereby certify that my child is fully capable of participating in the physical activities offered at INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as made known to the school director or instructors at INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY.

I further agree on behalf of myself and my child listed below, that I shall hold harmless and fully indemnify the parties hereby released from any and all claims, damages, costs including attorney fees, and causes of action which may arise from any cause of action made by me or by, through or on behalf of my child, even if the damages, injuries or death are caused in whole or in part by any of the persons or entities hereby released.

In case of accident or serious illness, I request INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY to notify the emergency contact listed on the registration form. If personnel are unable to make contact, I hereby authorize INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY personnel to contact a physician or hospital for medical services and treatment. It is understood and agreed that I will assume responsibility for payment of any rendered medical services and treatment.

In addition, I hereby authorize INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY to take photographs and/or videotape of any and all activities for which my child/children are registered for. The photographs and/or videos may be used for the sole purpose of promoting INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY.

Parent Signature: _____

Printed Name: _____

Date: _____

Student Name(s): _____

Inna's Hall Of Fame – Performing Arts Conservatory

Tel: 954-237-6021 🎵 Fax: 954-543-5188

8685 Stirling rd. Cooper City, FL 33328



Afterschool Policy 2022-2023

1. Payment Submission

- a. **Payments are required every month regardless of the Broward County School Schedule, classes will still be going on here when school is closed.**
- b. **Monthly Payments**
 - i. *All monthly payments are due on or before the 26th of the month*
 - ii. Failure to pay in a timely manner will result in a \$25 late fee.
 - iii. If you are past due on monthly tuition a week into the next month, your children will NOT be registered in our rosters, and will not be allowed in for Performing Arts classes until the proper payments are made.
- c. **When are we closed?**
 - i. We will be closed for the days of: November 24th 2022 (Thanksgiving) , December 26-December 30 2022 (winter break), any days not listed here will be charged as any other day/week/month.
- d. **Returned Checks (NSF's)**
 - i. There will be an additional fee of \$35 charged for any returned checks. The balance afterwards should be paid with a money order or a cashiers check, you may resume using checks the following month.

I understand and agree to the above payment policy: _____

2. Withdrawal Policy

- a. In the event you need to withdraw your child from one of our programs, you must submit a "Withdrawal Form" before your child/children's last intended class, or you will be charged for the coming month.
- b. Since we reserve spots for classes monthly for our students it is imperative that you submit this form, or you will be charged.
- c. No Refunds.

I understand and agree to the above Withdrawal policy: _____

3. Performance Participation

- a. All classes have recitals and shows which they work towards, if you do not wish to permit your children to perform please let us know below:
 Yes, my child will perform *No, my child will NOT perform*
- b. **PLEASE BE ADVISED:** Performances for shows and recitals require constant practice and training; if a student who has signed up for a show is absent from 4 or more classes in a given session, they will not be able to perform in the given show, unless told otherwise.

Inna's Hall Of Fame – Performing Arts Conservatory

Tel: 954-237-6021 🎵 Fax: 954-543-5188

8685 Stirling rd. Cooper City, FL 33328



c. **Show Fees and Costumes**

- i. For every show or recital there is the charge for participation as well as costumes. Performance Participation ranges from \$20-\$40 depending on the size of the production, while costumes can range from \$70-\$80/costume depending on the production.
- ii. All specified fees for participation and costumes will be disclosed in a timely manner well before the show days.

4. **DANCERS**

- a. All dancers are **required** to have:
 - i. An INNAS HALL of Fame black Leotard.
 - ii. The necessary shoes for the given dance class (IE: Jazz shoes, ballet shoes, pointe. Etc.)
 - iii. Hair must be tied in a bun for dance classes.
 - iv. **If the student does not have the proper attire, they will not be able to participate in the class.**

I understand and agree to the above dress code policy: _____

5. **ARTISTS**

- a. All Artists are required to have their own sketch books.
- b. You may purchase them here at our store.

6. **Pick Up**

- a. Early pick up: If you plan on picking up your child/children before their scheduled classes finish, please make sure to let us know, you will still be charged for the class as the spot is reserved.

PLEASE BE ADVISED

Our program *does not include additional supervision for students* once their classes are finished. You **MUST pick up your child within **15** minutes of their last class of the day as per their daily schedule.**

If you are aware that you will be late, please let us know so we can arrange for them to have proper supervision after their classes.

A late pickup fee of **\$15 every 15 minutes will be charged if you fail to pick up your child in a timely manner.**

I understand and agree to the above dress code policy: _____

Inna's Hall Of Fame – Performing Arts Conservatory

Tel: 954-237-6021 🎵 Fax: 954-543-5188

8685 Stirling rd. Cooper City, FL 33328



Please be advised that there is a 4% credit/debit card fee. We also accept cash and check

CREDIT CARD AUTHORIZATION FORM

Cardholder's Name: _____
(as it appears on the card)

Credit Card Billing Address:

Apt #	Street	Number
_____	_____	_____
Zip Code	State	City
_____	_____	_____

Telephone: _____

Contact Name: _____
(if different from one above)

CREDIT CARD INFORMATION	
Credit Card Type:	Credit Card Number:
<input type="checkbox"/> Visa	_____
<input type="checkbox"/> MasterCard	
<input type="checkbox"/> Discover	Expiration Date: _____
<input type="checkbox"/> Dinners Club	
<input type="checkbox"/> American Express	Security Code: _____

I, the undersigned cardholder, hereby authorize my credit card, as listed above, to be used as a guarantee of/for payment for all outstanding charges.

Authorized Signature: _____ Date: _____

RULES for students
Inna's Hall Of Fame – Performing Arts Conservatory
Tel: 954-237-6021 🎵 Fax: 954-543-5188
8685 Stirling rd. Cooper City, FL 33328



Students must be courteous and respectful at all times.
Students must stay in their assigned classroom, unless they are taking other classes.
Students must keep all their belongings in their assigned cabinet.
Students must be responsible to bring their own homework from school, or bring quiet reading material.
Students must clean up after themselves before they leave the premises.

IMPORTANT INFORMATION

Health considerations for both the individual child and for the group dictates that sick children be at home, rather than in after care. As per the Social Service Division Care Ordinance No. 89-21, #7-6.06, if your child has a fever, general body rash, recurrent diarrhea, symptoms of conjunctivitis (pink eye), impetigo, head lice, or other communicable diseases or conditions, i.e., chicken pox or colds, you will be called and will be expected to pick up your child WITHIN ONE (1) HOUR OF BEING NOTIFIED. Your child should not return to INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY until he/she is without signs and symptoms for at least 24 hours. If any child contacts any kind of communicable disease, i.e., conjunctivitis (pink eye), chicken pox, etc., we must be notified as soon as a diagnosis is made so that we may notify other parents.

For your child's sake, as well as for the sake of other children, we ask that you keep your child home when he/she is ill. In an effort to preserve everyone's good health, we will be forced to send home any children who come to aftercare ill. During the course of the day, if your child becomes ill, you will be called and asked to pick him/her up.

Illness or Injury

Any MEDICATION that needs to be administered to your child must be sent in with the AUTHORIZATION FOR MEDICATION form, available at the front desk. This form must be completed in full and signed. ALL MEDICATIONS SENT TO INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY MUST BE SENT IN THE ORIGINAL CONTAINER. DO NOT SEND ANY MEDICATION IN YOUR CHILD'S AFTER SCHOOL BAG.

Medication and Authorization form must be given directly to the front desk.

Aspirin and/or Tylenol will not be given to any child.

In case of emergency After Care Program will call the parent(s) or guardian(s). If they cannot be reached, the emergency phone numbers and/or personal physicians will be called. If the parents or emergency numbers cannot be reached, and emergency attention is required, 911 will be called and your child will be taken to the nearest hospital that is best equipped to handle the particular emergency. While the situation is being handled, we will continue to try to contact you and keep you fully informed.

Inna's Hall Of Fame – Performing Arts Conservatory

Tel: 954-237-6021 🎵 Fax: 954-543-5188
8685 Stirling rd. Cooper City, FL 33328



SPECIAL PROGRAM

The following programs require separate registration and payment.

Vacation Days:

The Vacation Day program is a fun and exciting way to spend your child's day off from school. This program features fun-filled activities in our studio, organized by our talented **music, dance, and acting teachers.**

Mini Camps: Inna's Hall of Fame is the ideal place to be during the Thanksgiving and Spring breaks. The mini-camp will allow your children to fully expand in any area of the arts, while making new friends and learning from our talented **music, dance, and acting teachers.** It's a fun, exciting and an educational way to spend their breaks.

Vacation Days / Mini Camp Fees (*dependent on the given camp program for the day*):

Inna's Hall Of Fame – Performing Arts Conservatory

Tel: 954-237-6021 🎵 Fax: 954-543-5188

8685 Stirling rd. Cooper City, FL 33328