

## About DramaZone® Where Exercise Meets Theatre™

The DramaZone® Program opened in 2004 and is widely popular in over 25 schools and institutions. Whether it is an Arts Class or a Sports Class, DramaZone is sure to inspire the imagination of each child!

[www.DramaZoneNYC.com](http://www.DramaZoneNYC.com) / 917.690.0789

# DramaZone®

## 1.5hr MUSICAL THEATRE CLUBS: Sem1 MATILDA & Sem2 ANNIE



*Performance for friends and family Each Semester.*

**Semester 1: Matilda (Gr. 1-4) (90min)**

**Semester 2: Annie (Gr. 1-4) (90min)**

**Day/Time: Thursdays 3:30 – 5:00pm**

(These Classes involve rehearsing songs, dances and scenes)

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## 1hr DANCE CLUBS: HIP HOP & BALLET



**Mondays: Budding Ballerinas – 2:00 – 3:00 (Nursery, 3-4yr olds) No Recital**

**Mondays: Budding Ballerinas – Nutcracker Theme 3:30 – 4:30 (Pre K – 1, 4-6yrs) Recital**

**Dress: Pink Leather Ballet Slippers and Comfortable Clothing**

**Wednesdays: Hip Hoppers – 2:00 – 3:00 (Nursery, 3-4yr olds) No Recital**

**Wednesdays: Hip Hoppers 3:30 – 4:30 (Pre K – K, 4-6yrs) Recital**

**Wednesdays: Hip Hop Level 1 3:30 – 4:30 (Gr 1-2) Recital**

**Wednesdays: Hip Hop Level 2 3:30 – 4:30 (Gr 3 -4) – Recital**



**DramaZone® Where Exercise Meets Theatre™**  
 Registration : [www.DramaZoneNYC.com](http://www.DramaZoneNYC.com) / 917 – 690 – 0789  
**RAMAZ SCHOOL – Registration Form 2017-2018**

**1.5hr Musical Theatre Club**

**Thursdays 3:30 – 5:00 (90min Class)** For: Grades 1 – 4 (Performance on the last class)

*Semester 1: Matilda / Semester 2: Annie* (These Classes involve rehearsing songs, dances and scenes)

Fall: Thursday – 10/19, 26, 11/2, 9, 16, 30, 12/7, 14, 21, 1/4, 11, 18, 25 (13 Sessions) Rate: 631.58 INCLUDES 25. Snack Fee

Spring: Thursday – 2/8, 22, 3/8, 15, 22, 4/12, 26, 5/10, 17, 24, 31, 6/7 (12 Sessions) Rate: 584.92 INCLUDES 25. Snack Fee

**1hr Dance Clubs: Hip Hop & Ballet**

Mondays: Budding Ballerinas – 2:00 – 3:00 (Nursery,3-4yr olds) No Recital

Mondays: Budding Ballerinas – 3:30 – 4:30 (Pre K – 1, 4-6yr olds) Recital

Dress: Pink Leather Ballet Slippers and Comfortable Clothing

Fall: 10/ 16, 23, 30, 11/6, 13, 20, 27, 12/4, 11, 18, 1/8, 22 (12 Sessions) Rate: 409. INCLUDES a 25. Snack Fee

Spring: 2/5, 26, 3/5, 12, 19, 26, 4/9, 16, 23, 30, 5/7, 14, 6/4 (13 Sessions) Rate: 441. INCLUDES a 25. Snack Fee

Wednesdays: Hip Hoppers 2:00 – 3:00 (Nursery, 3-4yr olds) No Recital

Wednesdays: Hip Hoppers 3:30 – 4:30 (Pre K – 1, 4-6yr olds) Recital

Wednesdays: Hip Hop Level 1 3:30 – 4:30 (Gr 1-2) Recital

Wednesdays: Hip Hop Level 2 3:30 – 4:30 (Gr 3 -4) – Recital

Dress: Comfortable Clothing and Sneakers (leggings or shorts suggested)

Fall: 10/18, 25, 11/1, 8, (no class 15), 29, 12/6, 13, 20, 1/3, 10, 17, 24 (12 Sessions) Rate: 409. INCLUDES a 25. Snack Fee

Spring: 2/7, 21, 03/7, 14, 21, 28, 4/11, 18, 25, 5/2, 9, 16, 23, 30, 6/6 (15 Sessions) Rate: 505. INCLUDES a 25. Snack Fee

**Location: Classroom at The Ramaz School: 125 East 85<sup>th</sup> St., NYC**

**DramaZone Summer Camp: Check out our Website for our Summer Camps!**

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*\*Policies: All tuition is non-refundable and non-transferable and make up dates follow the school's make up for that date missed. Snow dates are at the discretion of the school and only have a make up if the school selects a make up date. Registration is not complete till we receive both a signed Enrollment Agreement and Payment has been fully processed. There is an 18% finance charge on payment outstanding over 30 days. Any classes that involve awards children must be fully registered or on scholarship to be eligible. By signing this agreement you are giving us permission to run your credit card at the tuition rates listed. We reserve the right to cancel any class with fewer than five children. Registration is on a 1<sup>st</sup> come basis and names of those registered are not released.*

**\*\*INSTRUCTIONS: \*\*Please note: YOUR CREDIT CARE WILL READ : PIG TALES, INC. NOT DRAMAZONE**

**Scan or Fax Signed Registration Form and Enrollment Agreement to: 646-478-9692 or Mail to:**

PIG TALES, INC. 111 East 14<sup>th</sup> St., Ste. 193 New York, NY 10003. Please make checks payable to **Pig Tales, Inc.**

PLEASE PRINT FORM IN CAPITAL LETTERS. 1 Per Child. **\*10% Discount on all classes if you register postmark received by August 12, 2017. Between August 13 and September 16, 10% off your second class only. After September 16, classes are full price. Classes started late are not pro-rated.** If you would like a class not listed kindly contact us to arrange bringing it to your school.

Name of Class: \_\_\_\_\_ 2<sup>nd</sup> Class: \_\_\_\_\_

First Name of Child: \_\_\_\_\_ Last Name of Child: \_\_\_\_\_

D/O/B: \_\_\_\_\_ Your Child's Class/ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Registration Form Continued:** (Full Form must be filled in legibly to be fully registered)

Father/Guardian's Names: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Physician Ph # \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Cell: \_\_\_\_\_ Emergency Contact Email: \_\_\_\_\_

Child's Home Address in NYC: Address: \_\_\_\_\_ Apt. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Caregiver's/ Nanny Name: \_\_\_\_\_

Caregiver's/ Nanny Phone: \_\_\_\_\_

PASSWORD for PICK UP!! \_\_\_\_\_

How did you hear of DramaZone? (Please circle) \_\_\_\_\_

Payment (kindly circle): Check, Visa, Master Card

Credit Card number: \_\_\_\_\_ Zip Code of Card \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Code: \_\_\_\_\_

Total \$ \_\_\_\_\_ *Your cancelled check and/or credit card statement is your receipt.*

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**Enrollment Agreement - DramaZone® Program (Pig Tales, Inc.)**

Child's Name: \_\_\_\_\_

1. I/We the undersigned parent or guardian of the above child agrees to pay Pig Tales, Inc. the non-refundable non-transferable fee of \$ \_\_\_\_\_ .

2. I/We the parent or guardian understands that time and date for each of the sessions has been pre-determined by the Program and that make ups are not possible unless arranged by the school.

3. I/We the parent or guardian understands that once a student is registered that there is no credit or refund for missed or unused sessions and that all fees paid to the program are non-refundable and non-transferable and there are no make up dates. Snow dates are at the discretion of the school and only have a make up if the school programming selects a make up date. I/We understand that there is an 18% monthly finance charge on payment outstanding over 30days. I/We understand that any classes that involve awards that children must be fully registered or on scholarship to be eligible to receive.

4. I/We the parent or guardian understands and agrees that the Directors/Teachers of the program have the right to terminate the enrollment of any child from the program, at any time if the Director/Teacher, in his or her sole discretion, determines that the continued attendance of the child in the Program is not in the best interest of the child or the Program, the undersigned acknowledges and agrees that the student's enrollment may be terminated for a violation of the rules or regulations of the Program, at the Program's sole discretion, without any refund or

cancellation of tuition, which the undersigned nevertheless agrees to pay in accordance with the terms of this contract.

**Registration Form Continued:** (Full Form must be filled in legibly to be fully registered)

5. I/We the Parent or guardian grants the Program and it's Events permission to include photographs and videos taken during the sessions and events, in which his/her child may appear in program literature, demonstrations, informational, promotional and/or marketing materials.

6. I/We the Parent or guardian, in the event that the Parent cannot be reached and a situation arises which the Program Director/ Teacher defines as an emergency, the parent hereby grants permission to the Program Director/Teacher to secure and provide for necessary medical treatment, including hospitalization.

7. I/We the Parent or guardian understands that the Program does not have the services of a nurse or other medical personnel on premises to administer medication or provide medical treatment. The undersigned acknowledges and agrees that, to the extent that the student is required to be administered medication during the time that the child is in the program that, non-medical staff would administer such medication.

8. I/We the Parent of the above child understand that part of the experiences that my/our child will be having may be new to my child, and they come with certain risks and uncertainties beyond what my child may be used to dealing with at home or in his/her school environment. I/We realize that no environment is risk-free, and we are prepared to assume on behalf of our child, the risk involved in his/her participation in the DramaZone® Program (Pig Tales, Inc.). The Parent furthermore releases and holds harmless the Program and corporation, its agents and employees from all claims, damages or other liability for injury to the student where such claims, damages, or other liability is not the result of gross negligence by the Program, its agents, or employees. The Parent further agrees and acknowledges that the Program is not responsible for any medical expenses for the child.

9. I/We the Parent of the above child state that our child is in good physical health to participate in physical fitness classes and arts classes.

10. I/We the Parent of the above child gives Pig Tales, Inc. authorization to run the credit card listed herein for the DramaZone Programming charges enclosed.

\_\_\_\_\_  
Print Father or Guardian

\_\_\_\_\_  
Print Mother or Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date