

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 / 917.690.0789

DramaZone®

1.5hr MUSICAL THEATRE CLUB:

Sing, Dance & Act!

Sem1 WILLY WONKA & THE CHOCOLATE FACTORY (old version) & Sem2 ALADDIN



1.5hr Musical Theatre Club

Performance for friends and family Each Semester.

Show Semester 1: Willy Wonka (Old Version) (Gr. 1-4)

Thursday - Oct 15, 22, 29, Nov 5, 12, 19, Dec 3, 10, 17 Jan 7, 14, 21 (12 total)

Rate: 579. Rate INCLUDES a 25. Snack Fee

Show Semester 2: Aladdin (Gr. 1-4)

Thursday - Feb 4, 11, 18, 25, March 3, 10, 17, 31, April 7, 14, May 5, 19, 26, June 2 (14 total)

Rate: 671. Rate INCLUDES a 25. Snack Fee

Day/Time: Thursdays 3:30 – 5:00pm

(These Classes are each 90 minutes long and involve rehearsing songs, dances and scenes)

NEW! *Advanced Class Winter-mester: Sound of Music –

Dates: Jan 7, 14, 21, 28, Feb 4, 11, 18, 25 March 3, 10 (10 Total)

(For Grades 2 – 4: 1 hr. – Song and Dance Workshop)

DramaZone®

1hr Hip Hop Dance Studio Level Club:



1hr Hip Hop – Dance Studio Level Club

This class ends with an In Class Dance Recital - last 15min of the class of each term.

(All music is age appropriate)

Day/Time: Wednesdays 3:30 – 4:30 (Gr. K – 3)/ 4:30 – 5:30 (Gr. 2 – 4)

Wednesday Hip Hoppers – (Pre K Hip Hop Program) 3:15 – 4:30 (no recital)

(Children can sign up for the Ramaz Homework Club Before the 4:30 class)

Sem1: Wednesday – Oct 14, 21, 28, Nov 4, 11, 18 Dec 2, 9, 16, Jan 6, 13, 20 (12 total)

Rate: 385. Rate INCLUDES a 25. Snack Fee

Sem2: Wednesday - Feb 3, 10, 17, 24, March 2, 9, 16, 30 April 6, 13, May 4, 11, 18, 25
June 1 (15 total) Rate: 475. Rate INCLUDES a 25. Snack Fee



DramaZone® Where Exercise Meets Theatre™
 Registration : www.DramaZoneNYC.com / 917 – 690 – 0789
RAMAZ SCHOOL – Registration Form Fall/Spring 2015

1.5hr Musical Theatre Club / Day/Time: Thursdays 3:30 – 5:00pm

These Classes are each 90 minutes long / For: Grades 1 – Grades 4

Performance 4:30 on the last class of each term.

Show Sem1: **Willy Wonka & The Chocolate Factory (old version)** / Show Sem2:
Aladdin

Semester 1 :Thursday - Oct 15, 22, 29, Nov 5, 12, 19, Dec 3, 10, 17 Jan 7, 14, 21 (12 total)

Rate: 579. Rate INCLUDES a 25. Snack Fee

Semester 2: Thursday - Feb 4, 11, 18, 25, March 3, 10, 17, 31, April 7, 14, May 5, 19, 26, June 2 (14 total)

Rate: 671. Rate INCLUDES a 25. Snack Fee

(These Classes are each 90 minutes long and involve rehearsing songs, dances and scenes)

1hr Adv. Winter-mester Musical Theatre Club / Day/Time: Thursdays

3:30 – 4:30 These Classes are each 60 minutes long / For: Grades 2 – Grades 4

Performance at 4:15 on the last class.

Show: **The Sound of Music**

Dates: Jan 7, 14, 21, 28, Feb 4, 11, 18, 25 March 3, 10 (10 Total)

Rate: 325. Rate INCLUDES a 25. Snack Fee

(These Classes are each 60 minutes long and involve rehearsing songs, dances and theatre games)

1hr Hip Hop Dance Club: Dance Studio Level

Day/Time: Wednesday 3:30 – 4:30 (Gr. K – 3)/

Day/ Time: Wednesday 4:30 – 5:30 (Gr. 2 – 4)

Day/Time: Wednesday 3:15 – 4:30 (Pre K) (No Recital)

(Children can sign up for the Ramaz Homework Club Before the 4:30 class)

(These Classes are each 60 minutes long)

Sem1: Wednesday – Oct 14, 21, 28, Nov 4, 11, 18 Dec 2, 9, 16, Jan 6, 13, 20 (12 total)

Rate: 385. Rate INCLUDES a 25. Snack Fee

Sem2: Wednesday - Feb 3, 10, 17, 24, March 2, 9, 16, 30 April 6, 13, May 4, 11, 18, 25

June 1 (15 total) Rate: 475. Rate INCLUDES a 25. Snack Fee

Location: Classroom at The Ramaz School: 125 East 85th St., NYC

DRAMAZONE DISCOUNTS!

(Only 1 discount applies)

**** Receive 15% OFF HIP HOP CLUB** if you register for both Musical Theatre Club and Hip Hop Club if registered before September 1, 2015

**** Receive 10% OFF All Clubs** for a returning student if registered before September 1, 2015

**** Receive 10% Sibling Discount, must write both names on form. Registration must be received before** September 1, 2015

**** Receive 10% Legacy Discount,** for a sibling of a former Ramaz DramaZone Student if registered before September 1, 2015, must write both names on registration form.

**** Receive 20% Full Year Discount.** – Register for the Year, for Two Semesters of the Same Class in a School Calendar year and Receive 20% off your Total. Payment must be made in full before September 8 and there are no refunds for any reason.

**Policies: All tuition is non-refundable and non-transferable and make up dates are decided by the school. 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 30days. 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.*

****INSTRUCTIONS:** Scan or fax Signed Registration Form and Enrollment Agreement to: 646-478-9692 or Mail to PIG TALES, INC. 111 East 14th St., Ste. 193 New York, NY 10003. Please make checks payable to **Pig Tales, Inc.** PLEASE PRINT FORM IN CAPITAL LETTERS. ****Credit Card will be processed by Pig Tales, Inc.**

Wed 3:30 – 4:30 Hip Hoppers Club _____ (Sem 1 385./Sem 2 475.)

Wed 3:30 – 4:30 Hip Hop Club _____ (Sem 1 385./Sem 2 475.)

Wed 4:30 – 5:30 Hip Hop Club _____ (Sem 1 385./Sem 2 475.)

Thurs 3:30 – 5 Musical Theatre Club _____ (Sem 1 579./Sem 2 671.)

Thurs 3:30 – 4:30 Adv. Musical Club _____ (Fall Registration for
Winter-mester 325.)

List Discount Where Applicable _____

Additional Name for Discount Where Applicable _____

First Name of Child: _____ Last Name of Child: _____

D/O/B: _____ Your Child's Class/ Grade: _____

Allergies: _____

Mother/Guardian's Name: _____

Cell: _____ Email: _____

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.*

Enrollment Agreement - DramaZone® Program

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 an outside organization or school 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 full 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.

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