

# THE CAROLINE MACK CENTER FOR THE ARTS

PO BOX 623 • 103 SOUTH HARVIN STREET • SUMTER SC 29151  
PHONE: 803-774-4005 / FAX: 803-774-4008

*"Arts and Academics Go Hand-in-Hand"*

## REGISTRATION FEE:

A \$25 non-refundable registration fee is due at the time of submitting this form. Your child will not be placed in a class until the registration fee has been paid.

## CLASSES:

Fall classes begin in September. Pre-registered students will receive a notice in the mail of the exact starting dates and times. If your child must miss a class, please notify the office prior to the start time so the instructor can make accommodations. Attendance is imperative as a missed class affects all participants in the class. There are NO make-up classes for individually missed classes and tuition is not prorated for such.

## TUITION/MONTHLY RATES:

Tuition is due on the first day of each month. A five dollar (\$5.00) late fee is assessed to each individual account if the balance is not paid by the fifth of the month. Center for the Arts school year tuition is averaged into 10 monthly payments. These payments are based on 35 weeks of instruction with a week off at Thanksgiving, two weeks over the Winter Holidays and a week off during Spring break.

## CLASS ATTIRE:

**Ballet Students:** Black leotard, pink tights, ballet shoes.

**Tap/Jazz:** Leotard (any color) tights, appropriate shoes.

**Boys:** White T-shirt, black dance pants or sweats, appropriate shoes.

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## REGISTRATION FORM:

DATE SUBMITTED: \_\_\_\_\_

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box City/State Zip Code

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_  
(Mother) (Father)

## MOM:

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

School Attending: \_\_\_\_\_

Please list the classes you are registering for: \_\_\_\_\_

Number of years with Center for the Arts: \_\_\_\_\_

## DAD:

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Dismissal Time: \_\_\_\_\_

Total Years of Dance or Music: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date