



For Office Use Only	
Order #	
Date	
Initials	

## The LENS project Registration Form

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ How did you hear about this program?: \_\_\_\_\_

We appreciate your answers the following two questions. We are responsible for reporting this service data to our funders and it also helps us identify areas where we can improve our services.

1. Race/ Ethnicity (Circle): Asian/Black/Hispanic/Multi-Racial/Native American/Pacific Islander/White      2. Free/Reduced Lunch Participant? Yes / No

Allergies/Special Behavioral Considerations - Yes/ No. If yes, please describe in detail.

I would like to register for the following class or classes

Class Title (include School District)	Name of School	Day (or days)	Tuition

Total: \_\_\_\_\_

**Payment information:**

- I am enclosing a check payable to the Broadway Center for the Performing Arts.
  - Please charge my credit card for my tuition paid in full.
  - My student qualifies for free or reduced lunch, I have been approved for financial aid.
- If you checked, YES, to financial aid, does your student qualify for free or reduced lunch? YES  NO

**Credit Card Information:**                      Type-    VISA    MC    AMEX    Discover                      Exp Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ CV Code (last 3 on back of card): \_\_\_\_\_

Billing Address if different than above: \_\_\_\_\_

**Mail or Fax to Broadway Center Box Office:**  
Hours: M- F 11 a.m.-6 p.m.; Sat noon – 4 pm

**901 Broadway Suite #700**  
**Tacoma, WA 98402-4415**

**Fax # 253-591-2013**  
**Phone # 253-591-5894**

Media Release

In consideration for the class enrollment identified above, I give the Broadway Center for the Performing Arts (BCPA) the absolute right and permission to publish and/or copyright photographs, video and social media of me/my child, in BCPA's sole and absolute discretion. These media may be used for marketing and publicity purposes, in any medium, without compensation to myself and/or my child. I hereby waive any right to inspect or approve of the finished product, including written copy that may be created within said photographs.

Limit of Liability

In consideration for the class enrollment identified above, I agree to release, discharge and hold the Broadway Center for the Performing Arts (BCPA), (including but not limited to its board of directors and employees) harmless from any and all claims, causes of action, costs, losses, damages, recoveries, settlements, and expenses of any nature or kind, which may be incurred by participation in classes and activities at the BCPA or satellite venues used by the BCPA.

Behavioral Expectation

**Disruptive or disrespectful behavior is not tolerated and will result in immediate dismissal from the program without refund.**

**I have read, understand, and agree to the terms listed above.**

**Parent/ Guardian Signature**

**Date**