



OF MUSIC AND THE ARTS

EAST LIBERTY PRESBYTERIAN CHURCH

116 S. Highland Ave., Pittsburgh, PA 15206

412.441.3800

www.HopeAcademyArts.com



SPRING MINI TERM 2017

Continuing Student Registration Form

Spring term begins April 18 and runs thru May 20
with private lesson makeups until June 10

*Students must agree to attend all class sessions
and follow the dress code (for dance).*

STUDENT: Last name _____

First name _____ Middle name _____

Gender _____ Age _____ Birth date _____

Grade _____ School _____

Home Phone # _____ School District _____

E-mail for registration confirmation, scheduling changes and cancellations. We will add you to our email newsflash list.

COURSE / PRIVATE LESSONS	AGE	DAY/TIME	COST	TUITION
Bridge Ballet 1 - PBT audition prep	5 - 7 y/o	SAT 9 - 10 am	\$40	
Bridge Ballet 2	7 & 8 y/o	SAT 10 -11 am	\$40	
Bridge Vocal 2	7 & 8 y/o	SAT 9 - 10 am	\$40	
Bridge Ballet & Vocal 2	7 & 8 y/o	SAT 9 - 11 am	\$50	
Bridge Ballet 3	9 - 13 y/o	SAT 11 -12 noon	\$40	
Bridge Vocal 3	9 - 13 y/o	SAT 10 -11 am	\$40	
Bridge Ballet & Vocal 3	9 - 13 y/o	SAT 10 - 12 noon	\$50	
Flute Choir		WED 5:30 - 6:30 pm	\$25	
Sax/Clarinet Ensemble		WED 6:30 - 7:30 pm	\$25	
Suzuki Violin or Cello			\$100	
Private Lessons - 30 mins	Teacher Name:		\$80	
Private Lessons - 45 mins	Teacher Name:		\$120	
Private Lessons - 60 mins	Teacher Name:		\$160	

Make check (or money order) payable to "ELPC"
(East Liberty Presbyterian Church) and include student's
name on the memo line.

☐ Check # _____ ☐ Cash

TOTAL TUITION	
\$10 Registration Fee/Term	\$ 10.00
Tax Deductible DONATION	
TOTAL PAYMENT	

Be sure to complete both sides and return with your check or money order for total payment to:

Hope Academy of Music and the Arts
c/o East Liberty Presbyterian Church, 116 South Highland Avenue, Pittsburgh, PA 15206

Parent/Guardian and Emergency Contact Information

Complete the following information which is required for all students attending Hope Academy. In case of an illness, injury or other emergency, Hope Academy will know how to reach you or the person you have authorized us to contact if you cannot be reached.

All information will be kept confidential.

Student

Last name _____
 First name _____
 Address _____
 _____ Zipcode _____

Guardian #1 (1st person to be contacted)

☐ Mother ☐ Father ☐ Other _____

Name _____

Please check best phone number to call:

☐ Home phone (____) _____

☐ Work phone (____) _____

☐ Cell phone (____) _____

Email _____

Guardian #2

☐ Mother ☐ Father ☐ Other _____

Name _____

Home phone (____) _____

Work phone (____) _____

Cell phone (____) _____

Email _____

INTENTIONAL DIVERSITY

In order to be intentional about creating a diverse, multicultural community, Hope Academy's scholarships, tuition assistance, and half of our available spots for classes will be reserved for students who qualify as being low income and/or who represent a racial, ethnic or cultural minority. Preference is also given to returning students and families. Please help us live into our mission by answering the following three questions:

☐ New Student ☐ Returning Student

How do you (the student) identify yourself? Check one.

____ African American/Black ____ Hispanic/Latino/White
 ____ Asian ____ Hispanic/Latino/Black
 ____ Caucasian/White ____ Native American/Pacific Islander
 ____ Multiracial ____ Declined
 ____ Unavailable/Unknown ____ Other (specify): _____

Students from low income families are eligible for reserved class placement and tuition assistance. Please let us know if your family is eligible for any of the following assistance programs:

SSI / Social Security, Section 8 Housing, CHIP, WIC, Foster Care, SNAP (food stamps) from PA, Medical Assistance from PA, Cash Assistance from PA, Assistance from LIHEAP 1 or 2, Refugee/Immigrant Assistance or Participant in Homeless/Domestic Violence program, SAT Fee Waiver

____ My family is not eligible for any of these programs and does not receive assistance.

____ Yes, my family is eligible for at least one of these programs and receives some form of assistance.

____ My family is low income (less than 200% of the Federal Poverty Level) or has special circumstances, but we do not receive assistance.

Optional, Secondary Mailing Address

Only if you would like duplicate notices pertaining to your child sent to another address.

Name _____

Address _____

Emergency Contact

Name _____

Home phone (____) _____

Work phone (____) _____

Cell phone (____) _____

Relationship _____

In case my child becomes ill or injured and I cannot be contacted, Hope Academy has my permission to contact and release my child to the custody of the emergency contacts listed above.

 Signature of parent or guardian

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for Hope Academy to take appropriate action for the safety and welfare of my child.

 Signature of parent or guardian

Please indicate if your child requires any accommodation, or has any special needs.

____ My child has an allergy or medical condition.
 (attach a description and special instructions)
 ____ My child requires an accommodation. I will be available to meet and discuss a reasonable plan. (please bring your child's IEP to the meeting)

Can you be a PARENT VOLUNTEER?

____ Check here if someone in your family would be interested in volunteering at Hope Academy.



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