

# Center for Theatre Arts

## Class ADD/DROP form

This form must be completed if you would like to make changes to your child's / your original registration form. Mail or hand deliver to the theatre office by the first of the month in order to make the necessary changes for the month. If the form is received after the first of the month, you will still be responsible for tuition of the dropped class.

Date:	Circle one:      Add      Drop
Student Name:	
Class:	
Day & Time:	Teacher:
Parent Name:	Phone:
If withdrawing from auto-payment, I understand that I must give thirty (30) days written notice before withdrawing from auto-payment.	
Withdraw from auto-payment: Yes      No	Requested date of withdrawal from auto-payment:

### PLEASE READ CAREFULLY BEFORE SIGNING.

I am the parent or legal guardian of the student identified above and authorize my child to withdraw from the above listed Center for Theatre Arts class.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Questionnaire

If you are dropping a class, please take a moment to give a short explanation of why. If there was a problem, your input could help us improve the situation. We are always looking for ways to make our program the best it can be.

#### Why are you withdrawing?

Moving out of area	Student lost interest	Scheduling conflict	Changing studios
Dislikes class	Dislikes teacher	Unhappy with experience	Other

Please provide an explanation of the above choice. Use the back if necessary.

How can we make improvements? Use the back if necessary.

Would you come back to Center for Theatre Arts in the future or recommend us to a friend? Please explain. Use the back if necessary.

Office Use only:		
Staff Signature:		Date Received:
QB:	Roster:	Balance: