


HOW TO CREATE AN ACCOUNT AND REGISTER FOR CLASSES

1. Click the below link to login to the parent portal in order to create an account:

[Click here to Create An Account](#)

2. Fill out the form with all the required information and click “Create Account”


Create New Account



Responsible Parties


FIRST NAME	LAST NAME	RELATIONSHIP TO STUDENT
<input type="text" value="Jane"/>	<input type="text" value="Doe"/>	<input type="text" value="Mother"/>

FIRST NAME	LAST NAME	RELATIONSHIP TO STUDENT
<input type="text" value="John"/>	<input type="text" value="Doe"/>	<input type="text" value="Father"/>




Email Addresses

LOGIN EMAIL ADDRESS	EMAIL TYPE
<input type="text" value="example@domain.com"/>	<input type="text" value="Mother"/>



Password


CHOOSE PASSWORD (AT LEAST 6 CHARACTERS)	CONFIRM PASSWORD
<input type="text" value="*****"/>	<input type="text" value="*****"/>



Telephone Numbers

PHONE NUMBER	PHONE TYPE	RECEIVE TEXTS
<input type="text" value="555-555-1212"/>	<input type="text" value="Mother"/>	<input type="text" value="Yes"/>

PHONE NUMBER	PHONE TYPE	RECEIVE TEXTS
<input type="text" value="555-1234"/>	<input type="text" value="Father"/>	<input type="text" value="Yes"/>



Mailing Addresses

STREET		
<input type="text" value="123 Any Street"/>		
STREET 2		
<input type="text"/>		
CITY	STATE	ZIP / POSTAL CODE
<input type="text" value="Townsville"/>	<input type="text" value="Texas"/>	<input type="text" value="77777"/>

How did you hear about us?

3. Check the boxes to agree to the Terms, Waiver of Liability, and Billing Authorization. Then Click the red “I acknowledge and agree to all policies” button.

Waiver of Liability

As legal guardian of my designated student(s) (student(s)), I hereby consent to all student(s) participating in the this facility's program(s). I recognize that potentially severe injuries can occur in any activity involving any physical activity in general. I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my student(s) and, in consideration for allowing my student(s) to use these facilities, I hereby covenant not to sue and forever release this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facility's program(s), from all liability and for any and all damages and injuries suffered by my student(s) during instruction, supervision, and/or control during any and all classes or extra activities including, but not limited to on-location shoots.

I understand that during class activities, I may be videotaped, filmed or photographed. I agree to allow mine or my child's photo, video, or film likeness to be used for any legitimate purpose by Cathryn Sullivan's Acting for Film Studio and/or Cathryn Sullivan in her individual capacity, her employees, agents, volunteers and assigned, including but not limited to social media and Cathryn Sullivan's Acting for Film website.

This waiver and release of liability shall be construed broadly to provide release and waiver to the maximum extent permissible under applicable Federal and Texas law.

I further certify that I am the age of 18 years or over and have read and understand the terms of this waiver.

I acknowledge and agree to the Waiver of Liability

Billing Authorization

I represent and warrant that if I am purchasing something or paying for a service from this facility or from other merchants through this facility that (i) any credit card or bank account draft (ACH Draft) information I supply is true and complete, (ii) charges incurred by me will be honored by my credit card company or financial institution, and (iii) I will pay the charges incurred by me at the posted prices, including any applicable taxes, fees, and penalties.

Should I dispute a charge through my financial institution this will constitute a breach of contract possibly resulting in, but not limited to, penalties, additional fees, collection, legal action, and/or termination of any and/or all current and future services.

I acknowledge and agree to the Billing Authorization

I acknowledge and agree to all policies

4. Enter your student's information to add a new student. Please enter any allergies, etc. in the notes field. Click "Save Student".

Add Student

FIRST NAME: Jan LAST NAME: Doe BIRTHDAY: 05/01/1996 GENDER: Female

Student Medical Information
The information in this section is optional.

HOSPITAL / CLINIC PREFERENCE: ABC Clinic

INSURANCE CARRIER / COMPANY: Insurance Company Name POLICY NUMBER: 12345

PHYSICIAN FIRST NAME: Joan PHYSICIAN LAST NAME: Doctor

PHYSICIAN PHONE: 555-555-9087

ALLERGIES / SPECIAL HEALTH CONCERNS: Peanut Allergy

Save Student

4. Repeat for any siblings. You can now click to enroll in AC Classes (Acting for Camera Ages 6-9: AC 1, AC 2, AC 3, etc.), Film Class Ages 10-26 (Film 1, Film 2, Film 3, Film 4, Film 5, Film 6, New Master 1, New Master 2) or Master or Premiere Classes, Seminars, etc. Click the Category of classes below or on the left menu.

Students

Student Jan Doe has been added.

Students

First Name	Last Name	Birthday	Gender	Action
Jan	Doe	05/01/1996	Female	Edit

[Add another Student](#)

[Enroll in Classes](#)
 [Enroll in AC classes](#)
 [Enroll in Buff Ups](#)
 [Enroll in Film Classes](#)
 [Enroll in Master Classes](#)
 [Enroll in Pre-AC Classes](#)
 [Enroll in Premiere Classes](#)
 [Enroll in Seminars](#)

5. Click “Enroll Now” to the right of the class you want to enroll your student in and proceed to the next step.

Openings
OPEN

Mixed Levels (F5, F6, NM1, NM2) w/Cathryn Sullivan (7/19-7/22/2016) - \$355

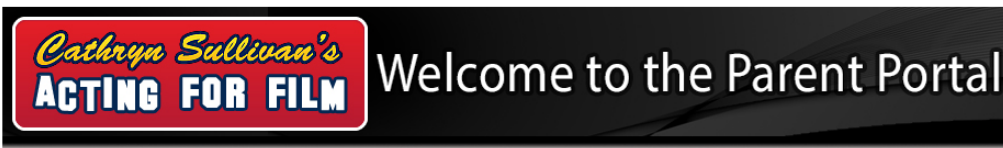
FILM CLASSES DATES: 07/19/2016 - 07/22/2016

DAYS	START TIME	END TIME
Tuesday	3:30pm	6:30pm
Wednesday	3:30pm	6:30pm
Thursday	3:30pm	6:30pm
Friday	3:30pm	6:30pm

[▶ More Details](#) [▶ Full Schedule](#)

ENROLL NOW

6. Check the box next to the student’s name and click “Continue Enrollment”.



Welcome to Cathryn Sullivan Acting For Film -
118 Lynn Ave, Suite 204, Lewisville, TX
118 Lynn Ave / Suite 204 / Lewisville, TX 75057 / 972-353-3456

Doe, Jane | Logout

Film Classes Selected: Mixed Levels (F5, F6, NM1, NM2) w/Cathryn Sullivan (7/19-7/22/2016) - \$355

Tuesday 3:30pm - 6:30pm
Wednesday 3:30pm - 6:30pm
Thursday 3:30pm - 6:30pm
Friday 3:30pm - 6:30pm
Student(s)
 Jan Doe

[Back](#) **Continue Enrollment**

7. Review your order, click “Add to Cart”.

Film Classes:
Mixed Levels (F5, F6, NM1, NM2) w/Cathryn Sullivan (7/19-7/22/2016) - \$355

Student(s):
Doe, Jan **\$339.00**

Start Date:
07/19/2016

End Date:
07/22/2016

Total Tuition: **\$339.00**

[Back](#) **Add To Cart**

8. Click "Continue"

Tip: You can add more enrollments by using the menu to the left.

DOE, JAN

Mixed Levels (F5, F6, NM1, NM2) w/Cathryn Sullivan (7/19-7/22/2016) - \$355

Start Date: 07/19/2016 | End Date: 07/22/2016 Price **\$339.00**

07/19/2016 • 3:30PM – 6:30PM
07/20/2016 • 3:30PM – 6:30PM
07/21/2016 • 3:30PM – 6:30PM
07/22/2016 • 3:30PM – 6:30PM [remove](#)

Total **\$339.00**

Promotion Code (Optional)


9. Select Credit/Debit Card from Form of Payment drop-down menu. Enter your billing information and click "Submit Payment Information". You will still be able to review your order before the transaction is complete. This is just adding a payment type.

★ AC classes
★ Buff Ups
★ Film Classes
★ Master Classes
★ Pre-AC Classes
★ Premiere Classes
★ Seminars
Family
Change Password
Students
Enrollments
Past Enrollments
Payments
Make a Payment
View Transaction History
Manage Payment Options
Rules/Policies

**Cathryn Sullivan's
ACTING FOR FILM**

Saved Payment Information on File

Payment Information:
None

 Update Payment Information on File

FORM OF PAYMENT
Credit/Debit Card

Accepted Credit Cards
VISA VISA
MasterCard
Discover Discover

FIRST NAME LAST NAME

CARD NUMBER

CARD EXP. MONTH YEAR CARD CVV

STREET 1

STREET 2

CITY STATE

POSTAL CODE

10. Select your form of payment and click "Preview Payment".

AutoPay successfully saved

Tip: You can add more enrollments by using the menu to the left!

Billing Information


Mixed Levels (F5, F6, NM1, NM2) w/Cathryn Sullivan (7/19-7/22/2016) - \$355 Price **\$339.00**

07/19/2016 - 3:30PM - 6:30PM
07/20/2016 - 3:30PM - 6:30PM
07/21/2016 - 3:30PM - 6:30PM
07/22/2016 - 3:30PM - 6:30PM
Doe, Jan

Total \$339.00

FORM OF PAYMENT
Autopay (Visa -)

Back to Checkout Preview Payment



11. Click "Process Payment" to complete the transaction. You will receive a message stating that your transaction is complete. You will also receive an email. PLEASE NOTE: You will receive a separate email confirmation once we have qualified all of the students and verified that you are enrolled. If you do not receive both emails, please contact us by emailing 4classreg@gmail.com.

Tip: You can add more enrollments by using the menu to the left!

Verify Information

Mixed Levels (F5, F6, NM1, NM2) w/Cathryn Sullivan (7/19-7/22/2016) - \$355 Price **\$339.00**

07/19/2016 - 3:30PM - 6:30PM
07/20/2016 - 3:30PM - 6:30PM
07/21/2016 - 3:30PM - 6:30PM
07/22/2016 - 3:30PM - 6:30PM
Doe, Jan

Total \$339.00

Payment Details:

Payment Type:	Autopay
Amount:	\$339.00

Back Process Payment