



Student Registration Form 2022-2023

PLEASE PRINT

Student's Name: _____ Birthdate: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

Mother's Name: _____ Mother Cell #: _____

Father's Name: _____ Father Cell #: _____

Adult student's Cell #: _____

Name of financially responsible party (if other than parents): _____

*Email address – PLEASE PRINT NEATLY! _____

ALL class notifications, including class cancellations, and all payment receipts will be sent to the above email

Emergency contact, if other than listed above: _____

Please advise us of any medical conditions that may affect student's participation:

How did you hear about us? _____

Would you like to sign up for Autopay for your student's monthly tuition? If so, please choose a date between the 1st and 15th of the month, and your authorized credit card will be charged for tuition on that date each month for the remainder of the current semester.

I AGREE TO AUTOPAY AS LISTED ABOVE:

Parent/Guardian signature to authorize AUTOPAY

Chosen date of AUTOPAY

CLASS

DAY

TIME

Agreement for Participation and Release of Liability

- I understand that dance classes may include, without limitation, dancing with props, stretching, barre work, across the floor combinations, dance routines in the center, and other related activities. I further understand that all of the activities of dance class involve some degree of risk of strain or bodily injury.
- I understand that Acro classes inherently include activities that include risk of strain or bodily injury.
- I release The Dance Studio (owners, instructors, assistants, volunteers or any other staff) from any and all liability resulting from any and all injury received during class or while on the premises of The Dance Studio.
- I authorize The Dance Studio to use first aid on my child as needed. In the event that I cannot be reached to make arrangements for emergency medical attention for my child, I authorize the caregiver or a member of The Dance Studio staff to take my child or have them transported via EMS to a medical facility.
- I further give consent to the physician/medical facility to secure any and all necessary emergency medical care for my child. I understand I will be fully financially responsible for all resulting payments for said care.
- I give permission for Kathy and James Taylor and/or "The Dance Studio" to use my child's photos and/or video for the promotional purposes of The Dance Studio, which may include, but is not limited to, posts on Facebook, photos in local newspapers or other print media, and print photos posted inside the studio.

I hereby acknowledge that I have read the statements above and agree to each one.

Parent Signature

Date

POLICIES OVERVIEW AGREEMENT

Please initial to indicate you have read and agree to each

_____ I agree to bring my child's monthly tuition payment to the front desk no later than the first class of each month, unless I have signed up for monthly Autopay. I understand I may make a credit card payment via phone.

_____ I understand I will be charged a \$15 late fee if my child's tuition remains unpaid by the 10th of the month, and that the credit card on file for my child will **automatically** be charged tuition plus \$15 late fee if I have not paid tuition in full by the 15th of each month.

_____ **I understand that I have registered my child for the entire studio year, September 2022-August 2023. I understand that unless I formally withdrawn my student from class(es) by informing the front desk, I will continue to be charged monthly tuition onto the credit card which is on my child's account. I understand that no longer attending classes IS NOT a formal withdrawal from classes. I understand there are no refunds given if I do not formally withdraw my child.**

_____ I understand that monthly tuition does not change, regardless of how many classes my child actually attends during the month or how many classes are scheduled for a given month. I understand there is no credit given for missed classes. I may pay full tuition or \$20 per class - whichever is less.

_____ I understand that as a parent, it is my responsibility to keep informed of pertinent information regarding my child and his/her activities at The Dance Studio Beeville, which includes reading email communications, checking the studio's Facebook page, and coming into the studio regularly to read posted information.

_____ I understand that there is NO RUNNING, YELLING OR HORSEPLAY allowed in the studio. I agree to keep my child and any siblings/friends occupied and SITTING DOWN when not in class. I understand that disruptive behavior can result in being asked to leave the studio.

_____ I agree to let instructor/front desk know if my child will miss class. I understand I need to speak with the front desk before I bring my child in for a make up class.

_____ I understand that I must stop at the front desk before my child's class to check in – EVERY DAY!

_____ I agree to have my child read, or read to my child, "Class Polices" in the "General Policies" handout. I agree to ensure each student understands what is expected of them while in class or on the premises of The Dance Studio.

_____ I agree to have my child in dress code for each class, including having girls' hair up in a low bun or ponytail. I understand my child may be asked to sit out of class if not in dress code.

_____ I have read, understand and agree to all other guidelines as outlined in "GENERAL POLICIES".