

DIMENSIONS IN DANCE Registration 2009/2010

Cash _____

Check # _____

Amount _____

REGISTRATION FORM

POLICIES AND PROCEDURES

STUDENT INFORMATION: (Please Print Neatly)

Student Name: _____

Address: _____

Date of Birth : _____ Home Phone: _____

Parents/Guardians' Names: _____

Daytime Phone: _____

Email address (**required** for studio updates):

Emergency Contact: _____

Phone: _____

Registered Class(es) to attend: day, time and level(s) below:

Please list any medical or developmental situation that we need to be aware of. Examples may be asthma, hearing impairment, arthritis, etc.

Your tuition amount is an annual rate, derived from your schedule, and divided into ten equal payments. **Tuition is due by the first of each month.** A 15% late fee will be applied to payments received after this. **The May and June payments are due no later than May 1st, 2010 for everyone participating in the annual production.** Please refer to the Tuition and Schedule inserts for exact tuition amounts. If for any reason the student misses one or more of his/her regularly scheduled classes, including classes missed due to inclement weather or natural disaster which will not be rescheduled, the student has the opportunity to make up these absences in another class approved by the teacher.

Registration is required prior to entering your first class. There will be a **\$20.00 fee for New and Returning students.** This fee is a non-refundable registration fee to handle administrative costs as well as to secure a place in the class. There is the possibility that classes will be moved to different times or days, and classes with insufficient enrollment will be canceled

Parent/Guardian/Student waiver: You agree that you are aware that the student will be engaging in physical activity involving dance which could cause injury to them. You agree that the student is voluntarily participating in these activities and is assuming all risks of injury that might result. You hereby agree to waive any claims or rights that you might incur as a result of these activities. We cannot make any evaluation or recommendation that the student is physically fit for any physical activity. If the student has any physical condition that may impair their ability to engage in these activities, it is your responsibility to obtain a physicians statement describing any limitations to participate in this program. It is always advisable to consult a physician prior to undertaking any physical exercise program. Photos from classes and performances of any member of our school could be used in publications or on our website without names.

I have read and understand all policies listed above.

Signature of student or Guardian (if student is under 18 years of age) above. Date

*****New Students Only. Please answer below if applicable.**

How did you hear about our studio? _____

Please list the name of student (if any) who referred you to us: _____