

Dance for Joy Registration Form 2011-2012

please print neatly

Date: _____

STUDENT NAME: _____

Address: _____

Street: _____

Town, Zip: _____

Age: _____ Date of Birth: _____

PARENTS/GUARDIANS: _____

Home Phone: _____ Work Phone: _____

Cell Phone Mom: _____ Cell Phone Dad: _____

Email (1) _____

Email (2) _____

Dance Training (New students only)

Studio: _____ Years/age studied: _____

Type of dance: _____

How did you hear about us? _____

School attending in 2011-2012 (for scheduling purposes): _____

BALLET CLASS DESIRED: Class Level: _____ Day: _____ Time: _____

ALTERNATE CLASS if full: Class Level: _____ Day: _____ Time: _____

JAZZ (Beg1&2 and up), MODERN (Int3 & up) and/or HONORS CLASSES (Int2 & up):

Class Level: _____ Day: _____ Time: _____

Class Level: _____ Day: _____ Time: _____

Class Level: _____ Day: _____ Time: _____

TUITION

Ballet Tuition: _____ **Sibling Discount: (\$20 for second child):** _____

Jazz Tuition: _____

Modern Tuition: _____

Honors Tuition: _____

Total Tuition : _____

Tuition Received with Registration (50%required): _____ Date: _____

Balance Due by November 19, 2011*: _____ Date: _____

*\$30.00 surcharge for late payment / \$25.00 fee for returned checks

NOTE: \$20.00 per hour fee will be charged for children under 12 left more than 15 minutes before or after their class.

I agree to the above total tuition to be paid in full by Nov. 19, 2011, (unless we have a signed contract for payment plan). I understand tuition is non-refundable and that I am contracting for the full school year unless I cancel this agreement within two weeks of the first class the student attends. If I cancel within two weeks, all but \$50 is refundable.

SIGNATURE _____

(Parent or Guardian for student under 18)

Medical Release:

I give permission for **Dance for Joy** to give basic first aid to my child and take appropriate action including contacting emergency medical services (EMS) personnel. I give my permission to **Dance for Joy** to contact EMS personnel and arrange for transportation to Hudson Valley Hospital to receive the appropriate level of care as determined by qualified medical professionals. Additionally, I give permission to the appropriate medical facility to treat my child in the event of an emergency. In the event my child is injured or ill, I understand that **Dance for Joy** will attempt to contact me.

Medical conditions of concern: _____

Allergies to medications: _____

Parent Initial: _____

Photo Release:

I grant **Dance for Joy**, its representatives, and employees the right to take photographs of my child in connection with my activities within the dance school. I authorize **Dance for Joy**, its assigns, and transferees to copyright, use and publish the same in print and/or electronically.

I agree that **Dance for Joy** may use such photographs of my child with or without my child's name and for any lawful purpose, such as publicity, illustration, advertising, and web content.

Parent Initial: _____

Participation Release:

I understand that **Dance for Joy** makes every effort to ensure proper technique and I will not hold **Dance for Joy** responsible for any injuries incurred while in class, rehearsal, or performance. Furthermore, the parent, by signing this registration form, agrees that he/she assumes any and all liability for and kind of loss, damage, injury, or other claims that may be brought by reason of the child's participation in and attendance at the **Dance for Joy** requested activities. I have read this agreement and understand that once it is signed by me it is a legal and enforceable obligation.

Parent Initial: _____

Dance for Joy use only

	Date	Staff initial
Class(es) added _____	_____	_____
Class(es) dropped _____	_____	_____
Class(es) switched _____	_____	_____