



Registration Form 2010-2011

New Student

Returning Student

Student Name: _____ D.O.B. _____

Address: _____

Home Phone: _____ E-Mail: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Class Registration

Class _____ Time/Day _____ Hr _____

Class _____ Time/Day _____ Hr _____

Class _____ Time/Day _____ Hr _____

Class _____ Time/Day _____ Hr _____

Class _____ Time/Day _____ Hr _____

Class _____ Time/Day _____ Hr _____

Total Hours _____

Has your child ever been advised by a medical doctor not to participate in any athletic activity?

YES NO If yes, explain: _____

ALLERGIES: _____

MEDICATIONS: YES NO

If yes, please list: _____

Does your child have any of the following conditions that we should be aware of?

Asthma? YES NO ADD/ADHD? YES NO Learning Disability? YES NO Other? YES NO

If other, explain: _____

RELEASE: By signing below, I hereby authorize the staff of Artistic Motion Dance to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release Artistic Motion Dance and its staff from any and all liability for any injuries or illnesses while going to and from and while at Artistic Motion Dance studio. Any and all medical expenses incurred will be my responsibility. I have no knowledge of any physical or mental impairments that would be affected by the student's participation in the Artistic Motion Dance Program.

Parent/Guardian Signature

Date



2010-2011 Policies

Please read and initial below, indicating that you understand and agree to the following:

_____ The **cost** of lessons is **based on a yearly tuition**. Payment can either be made for the year in full or be divided into equal payments for July through May and then 3/4 that amount for June. If you have classes that fall on a holiday make-ups may be made.

_____ If a student misses a class, he/she may do an appropriate **make-up** class any time during the dance year, prior to the end of the session in June. **Credit is not given for absences.**

_____ If a student is going to be **late to class**, please call the front desk and they will attempt to get word to the teacher. If a student is going to be **more than 10 minutes late** their admittance to class is **at the discretion of the teacher**. The teacher will take into consideration whether or not the class is already warmed-up and if it would be unsafe for the late dancer to just join class and also determine how disruptive the late arrival would be to the rest of the class. If a teacher determines the student is unable to attend class, make-ups may be made.

_____ If a student finds it necessary to drop a class, **please notify the front desk**. If a student needs to withdraw from **all** classes, a withdrawal form must be completed, as tuition will continue to accumulate until the Withdrawal Form has been completed and signed. **The changes become effective the first of the following month.**

_____ We **do** enforce a **DRESS CODE**. To “look like a dancer” encourages one to conduct oneself like a dancer. Students **not dressed** according to the dress code **will not be permitted to take class**. Make-ups can be done for missed classes. Please check the dress code(s) for your dancer’s class(es).

_____ **ARTISTIC MOTION DANCE** is hereby granted permission to take photographs of students for use in brochures, web sites, posters, advertisements and other promotional materials created by the school and/or performing company. Permission is also hereby granted for the school and/or performing company to copyright such photographs in its name.

_____ **Artistic Motion Dance** reserves the right to suspend or remove any individual from class in the event of behavioral problems, with an understanding that if the individual is removed, there will be no credit given. Artistic Motion Dance is not responsible for material, injuries, or liabilities.

Please check yes or no below AND initial, indicating you read the following:

We are sometimes approached by students requesting medication for a headache, or other minor ailments. Do we have permission to **dispense the following medication to your student**, per the manufacturer dosage recommendation?

Child's Name: _____ Tylenol: Yes _____ No _____ Advil: Yes _____ No _____

Payment Policy

Tuition Payments are due each month on the 1st. Each family will be required to have a credit card on file. If tuition payment is not received by the 10th of each month, a \$10 late fee will be applied and this card will be charged.

Name on Card: _____

Card #: _____ - _____ - _____ - _____ Exp. date _____ / _____ VISA MC DISC

Would you like to be set up for automatic payment? Yes No

With automatic payment, you give us permission to debit your credit card on file the first of each month for your monthly tuition, as well as additional costume and recital fees due during the year.

Signature _____ Date _____