

___ New Student



MISS FELICIA'S DANCE STUDIO
Student Registration Form: September 2017-April 2018



___ Returning Student

Student Information

Student's Name: _____ Birth Date: _____ Age: _____
School: _____ Grade: _____
Home Address: _____ City: _____
Zip Code: _____ Home Phone Number: _____

Parent(s)/ Guardian(s) Residing With Child

1. Name: _____ Relationship to Child: _____
Cell Phone: (____) _____ Work Phone: (____) _____
E-Mail: _____ Place of Employment: _____
2. Name: _____ Relationship to Child: _____
Cell Phone: (____) _____ Work Phone: (____) _____
E-Mail: _____ Place of Employment: _____

Separated Parent

Name: _____ Relationship to Child: _____
Authorized to Pick Up Child: Yes ___ No ___
Home Address: _____ City: _____ State: ___ Zip: _____
Contact Phone: (____) _____ E-Mail Address: _____

All Persons Authorized to Pick Up Child

1. Name: _____ Relationship to Child: _____ Phone: _____
2. Name: _____ Relationship to Child: _____ Phone: _____
3. Name: _____ Relationship to Child: _____ Phone: _____

Class Participation

Class Name Day Time
1. _____
2. _____
3. _____
4. _____

How did you hear about our studio? _____

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Previous Dance Training





Please list prior dance experience (i.e. number of years, technique studied, teachers, etc.):

Payment Information

Payments: Registration Fee: \$_____ Total Monthly Tuition: \$_____

I understand that one make-up class is permitted for each class my child misses. Make-up classes must be taken within 30 days of the missed class(es). I understand that all fees paid are **nonrefundable and nontransferable**. The parent or guardian is responsible for notifying, in writing, Miss Felicia's Dance Studio of any change to the credit card or checking account on file. The returned check/declined card fee is \$35. The parent or guardian is also responsible for notifying, in writing, Miss Felicia's Dance Studio if monthly payment will be later than 7 days. **After 7 days the late fee will be \$25.00 per child**. Should this provision have to be enforced by legal means, the undersigned person(s) is responsible for payment, as liquidated damages, the costs of collection, plus interest at the legal rate and reasonable attorney's fees as determined by the Court or 15% of the amount collected failing such determination.

Parent/ Guardian Initial: _____

<u>PERSON RESPONSIBLE FOR PAYMENT:</u>		
Cash (Enclosed)	Paypal	
Credit Card:		
Name on Card:		
Card Number:		
Expiration: <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>  <input type="checkbox"/> 
Signature:		

Drop Fee

When enrolling please make sure you are ready to commit to our dance program for the full 7 month dance season. Miss Felicia's dance year is like a school year September- April. Should you decided to drop the last day to drop will be November 1, 2017. Any classes dropped after this date will be subject to a \$100 cancellation fee due to the inconvenience to the studio, class and instructor and our inability to replace you once the season starts. **Parent/ Guardian Initial: _____**

No refunds will be given for any tuition, fees, or attire paid/purchased. You will also forfeit any costumes purchased, for the student to fill the vacancy left by not fulfilling the full 7 month dance season. Exception: If you decide to end classes before November 1, 2017 you will not be penalized. Proper notification is required by November 1, 2017. Parent agrees to pay all collection fees if account becomes delinquent. I understand I will not receive a refund for any fees paid. I will also forfeit any costumes purchased, for the student to fill my vacancy if I do not fulfill the full dance season. **Parent/ Guardian Initial: _____**

Release and Authorization

Name of Student: _____ Indicated in the space below are any health problems or conditions of which the studio should be aware (such as heart, back, medical, allergy, muscular, pregnancy, diabetes, epilepsy, chemical or neurological condition, special medication,

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knee/kidney/shoulder problems, etc.). I understand that risk of injury is inherent in any physical activity and I, on behalf of myself and my child, knowingly and voluntarily accept that risk. I, the undersigned, for myself, my heirs, administrators, and executors, hereby waive and release Felicia Guerrero individually and Miss Felicia's Dance Studio, and its staff from any and all claims or damages of any kind arising out of my child's participation in the exercise and/or dance program of Miss Felicia's Dance Studio, I further certify that the aforementioned student is in proper physical condition to participate in the exercise/dance program and that he/she has been examined by a licensed physician and found to be in proper physical condition to participate in said program. I, the undersigned, do hereby authorize Felicia Guerrero or her designated agents (being teachers or administrators employed by Miss Felicia's Dance Studio.) to obtain medical treatment for my said child in emergency situations where I cannot be reached in time to authorize the treating physician to provide such emergency medical services. I understand that I am responsible for any medical expenses and that the absence of health insurance does not make Felicia's Dance Studio responsible for payment of medical expenses. This authority includes the power to authorize any and all treatment deemed necessary under the circumstances by a licensed physician. This power is in essence a power of attorney and shall remain in effect for one year from the date signed below.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

WITNESS (Must be at least 18 years of age): _____

Emergency Information

Physician: _____ Hospital Preference: _____

Insurance Company Policy No.: _____

Allergies (food, medicine, etc): _____

Additional Information/Comments (i.e. blood transfusions, etc): _____

Dance Dress Code

Required dance wear and dance shoes must be worn to all classes. Failure to wear required dance wear to class could result in students being asked to sit out the class or go home. Repeated failure to wear required dance wear could result in termination of lessons. Students are not permitted to wear jeans. Long hair must be tied back.

*Dancers will receive one written warning any further infractions of studio policy will result in the dancer being sent home.

Parent/ Guardian Initial: _____

Attendance Policy

Good attendance is vital at Miss Felicia's Dance Studio, not only for the instructor and class but for the student as well. If a child is sick we understand and expect them to stay home until they are no longer contagious. If your child will be missing class for any reason please call the studio and leave a message for the instructor. In extreme cases of excessive absences the dancer will not be allowed to perform. Class attendance within two weeks of any performance is mandatory. Any missed classes during this period, without prior instructor or director approval, will result in the dancer not being allowed to perform.

Parent/ Guardian Initial: _____

Studio Rules

Be no more than 10 minutes early or 10 minutes late picking up or dropping off your dancer.

No food or drink allowed in studio this includes the lobby. Water in a closed container is acceptable.

No jewelry, gum, cell phones, ipods, or other valuables are allowed in the studio. Miss Felicia's Dance Studio is not liable for lost or stolen items.

Dancer must stay in the studio until parents come in to pick them up.

Do not drop off dancers that are not enrolled in class. Friends are not allowed in class.

Always remember to bring dance bag (with dancers name on it) and water bottle to classes each week.

No street shoes are allowed on dance floor. No exceptions.

Dancer is only allowed to be in studio during their class time, do not leave them in studio during sibling class time.

Do not play on dance equipment or touch mirrors.

Dancer must ask to be excused from class to use the restroom.

Parent/ Guardian Initial: _____

Parent's Responsibility to be Aware of Dates and Events

It is the responsibility of the parent or adult of student to be aware of all school activities, such as viewing days, recitals, extra classes, and dates the school is open or closed. The school will post all such notices on the website or on the monthly flyer that is sent home with the students. It is the parent's responsibility to regularly check these boards to ensure they are informed. It is the responsibility of the parents or adult students to inform the school of any address or telephone number change.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____