

2022-2023 REGISTRATION FORM - DAYCARE

STUDENT:				
	Last	First		Middle
MAILING ADDRESS: _	Street	City		7:
	Street	City	State	Zip
-mail address (parents' e-	mail) :			
Additional e-mail addre	ess:			
HOME PHONE:		Date of Birth: _		Age:
MOTHER:	Cell #: _		Work #:	
FATHER:	Cell #:	w	ork #:	
RELATIONSHIP TO ST				
EMERGENCY CONTAC				
FAMILY PHYSICIAN: _		PHC)NE:	
PLEASE LIST ANY ME	DICAL CONCER	NS:		
SIGNAT				DATE
(Parent/Guardian if student is under 18 years of age.)				

Student's Full Name					
Last	First	Middle			
Policies, Rules & Regulations					
I understand the policies, Rules & Regulations and am er <i>I understand that failure to pay fees by the due date w</i> that the school is not responsible for any loss of property.	vill result in a \$25.00 administrati	ve charge regardless of reason. I understand			
Tuition will be due monthly. Payments can be made by All credit card payments require a convenience fee of Cash payments must be paid during office hours; checked Beach studio or mailed to: P.O. Box 578, North Beach, Minclude but are not limited to: tuition, master classes programs/classes, and school sponsored events.	\$3.00; the fee must be added to to said money orders can be dropped D 20714. Tuition and all other fees	the total – they are NOT automatically added. ed at the payment box located inside the North are non-refundable and non-transferable; these			
Effective in the 2023 school year, all accounts will be req of registration. Should a person decide not to enroll i responsibility for all tuition payments. Automatic payme Administrator.	in automatic payments, an addition	onal waiver will be signed acknowledging full			
Tuition is based on a 9 month program (September the weather. <i>Invoices and payment reminders will not be</i> prior to the start of the first class of each tuition due date school website, in the quarterly newsletter, and document	e sent via USPS or email unless ; , in order for a student to participat	the account is late. Accounts must be current			
Late Fee: A grace period of 5 consecutive days will be administrative fee regardless of reason.	pe honored. Payments received af	ter that 5-day grace period will result in a \$25			
Returned Check: There will be a \$30 service charge payable to the studio along with any related bank fees for every returned check. After a returned check, I understand I will be required to make all future payments by cash, credit card, or money order.					
Withdrawal from Classes: Withdrawals must be in w on each payment due date until withdrawal is received in		ccepted over the phone. Payment is required			
Image/Photo Release – The studio reserves the right taped and/or interviewed by the media.	o use images of students for prom	notional, educational, advertising, filmed, audio			
I understand that my signature below ind	icates acceptance and ur	nderstanding of the Policies, Rules			
& Regulations set forth in this agreement.					
Waiver and Release from Liability I, Parent/Guardian if participant is under 18 years of age - Print Na	, recognize that dance is a	physical art and injuries may occur, yet I do			
hereby release and forever discharge the studio, its agent for relief which may arise from or relate to any and all inj to, any and all activities in the dance school, directly or in performances and other activities. Further, I understand by the instructor may occasionally occur. This touching dance steps. I hereby authorize the dance instructors to so r my child.	jury from participation in dance at the indirectly around the dance school, that in the instruction of dance and will occur only in assisting the stu	he studio. This shall include, but not be limited, or in any other place so designated, including I in particular, ballet, the touching of the student udent in the proper alignment and execution of			
I understand that video cameras are installed in the stude contained on these tapes will be secure and accessible be		eing of myself and/or my child. The information			
I have read this document and fully agree and underst permission for a staff member to seek emergency medical		ms. In an emergency situation, I hereby grant			

Date

Signature