A picture containing object

Description automatically generated

**Student Information**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person responsible for paying fees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Billing Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal Release and Policy Acceptance (please initial)**

\_\_\_ I/we understand the Studio Policies \_\_\_ I/we understand my billing obligations incl Pay Plan

\_\_\_ I/we understand the risks related to dance \_\_\_ I/we understand my responsibilities for my property

\_\_\_ I/we understand the dress code \_\_\_ I/we understand the schedule

\_\_\_ I/we give media use rights permission \_\_\_ I/we understand the attendance policy

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature / Responsible Party** **Date**

**Classes**

|  |  |  |
| --- | --- | --- |
| Class Name | Day / Time |  |
|  |  |  |
|  |  |  |
|  |  |  |

Annual Registration Fee (Payable on enrolment): \_\_\_\_\_\_\_$45\_\_\_\_\_\_\_\_

**\*Payment Plan Required?** Yes / No

**\*** (½ term fees payable at start of term; ½ term fees payable at week 5 of term upon invoicing) Please Note: If child leaves studio before the end of term, you are still liable for the rest of the term’s fees. Payment plan MUST be approved by Principal BEFORE it can start.

**Medical**

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will your child require any special medical attention during a normal class: (yes/no) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes – Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dance Experience: Beginner / 1 year / 2 years / 3+ years (Please circle)

Singing Experience: Beginner / 1 year / 2 years / 3+ years (Please circle)

Acrobats/Circus Experience: Beginner / 1 year / 2 years / 3+ years (please circle)

T-shirt Size required: Child’s: 6 / 8 / 10 / 12 / 14 / 16 Adult: 8 / 10 / 12 / 14 / 16 / 18