



# DANCEMOVES™

## 2011-2012 Student Registration Form

Student Name:	<input type="text"/>	Enrollment Date:	<input type="text"/>
Birth Date:	<input type="text"/>	Home Phone:	<input type="text"/>
Age:	<input type="text"/>	M	<input type="checkbox"/>
		F	<input type="checkbox"/>
School:	<input type="text"/>	Secondary Phone:	<input type="text"/>
E-mail Address:	<input type="text"/>	Street Address:	<input type="text"/>
		City:	<input type="text"/>
		Zip:	<input type="text"/>
Parent/Guardian Name:	<input type="text"/>	Phone:	<input type="text"/>
Relationship:	<input type="text"/>	E-mail Address:	<input type="text"/>
Parent/Guardian Name:	<input type="text"/>	Phone:	<input type="text"/>
Relationship:	<input type="text"/>	E-mail Address:	<input type="text"/>

Dance Experience: (list disciplines and dates)


Class Enrollment:

Class	Day	Time

Additional classes may be noted on back.

Emergency Contact:	<input type="text"/>	Relationship:	<input type="text"/>	Phone:	<input type="text"/>
Physician:	<input type="text"/>	Office Phone:	<input type="text"/>	Other Phone:	<input type="text"/>

Medical or special conditions:


Select a payment option:    Option I (monthly)    Option II (installments)    Option III (annual)

I, the undersigned, am the parent or legal guardian of this student. I hereby give permission for Dancemoves and its representatives to seek appropriate medical attention for this student in the event that accident, injury, or illness dictates and I am not available to do same. I will be responsible for any and all related costs of medical attention and treatment. I acknowledge that this student is physically fit and capable of participating in dance/exercise related activities and release Dancemoves and its representatives from any responsibility and liability for any accident, injury, or illness that this student may sustain while participating in a class or related event. I have read and understand all the above information.

Parent/Guardian Signature:	<input type="text"/>	Date:	<input type="text"/>
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## Studio Policies

### General Studio

Initial:

- No food, gum, or drinks (other than water) permitted.
- No horseplay permitted.
- Small children must be accompanied at all times.
- In accordance with fire codes, doorways and aisles must remain unblocked.
- Electronic equipment only to be operated by Dancemoves employees (includes stereos and video/television systems).
- Only Dancemoves employees are allowed behind the front desk.
- Studio doors must remain closed with lights off when not in use.

### Dance Class

Initial:

- Students should arrive early for class with proper dance attire, dance shoes on, and hair properly secured.
- If a student must be picked up (or leave) early from class, please inform the instructor before class begins.
- Any student who repeatedly disrupts class will be dismissed.
- Classes may be changed or added depending on enrollment.
- Classes should not be interrupted by students or parents unless of an emergency.
- If a student wishes to withdraw, advanced notice must be provided to the studio.
- We reserve the right to deny or terminate any student's access to our classes and studio.

### Dance Attire (dress code)

Initial:

- Ballet and pre-school classes - black leotard, pink tights, and pink ballet shoes (or black tap shoes for pre-school tap students).
- Level 5 students may wear blue leotard.
- Jazz, lyrical, tap, and hip-hop students may wear any dance attire along with the appropriate shoes (black tap or jazz, tan lyrical).
- T-shirts are not permitted for dance class.
- Dance shoes are not to be worn outside the studio.
- All students should wear cover-ups when arriving and leaving the studio.

### Tuition & Fees

Initial:

- Acceptable forms of payment include cash, check, and credit card.
- Dancemoves does not carry cash. A credit will be applied to the account if overpayment is made.
- The payment option selected upon enrollment (Option I, II or III) is the payment option required for the entire year. Changes are not permitted.
- Monthly payments (Option I) are due by the 15th of each month.
- A registration fee is required for each student. The cost is \$30.00 for the first student and \$15.00 for each additional student within a family.
- Registration fees and tuition payment are non-refundable. **No exceptions.**
- Refunds (or prorating) will not be given for classes not attended. However, students are encouraged to make-up missed classes.
- All past due accounts (including tuition, costumes fees, and recital/program fees) will be charged \$15.00 per week late.
- Tuition bills are issued **ONLY** when a payment is late and a late fee is charged.
- There is a \$25.00 fee for all returned checks.
- There is a \$5.00 fee each time a check is reprocessed for inadequate funds.
- No refunds due to inclement weather or natural disasters.

### Recital

Initial:

- Recital costume fees are \$65.00/costume for small-large child sizes and \$75.00/costume for xl child-adult sizes.
- Recital/Program fees are \$70.00/student.
- Recital costumes will not be released until all current and past due tuition and fees are paid.
- Students will not be allowed to check-in for dress rehearsal for the recital until all current and past due tuition fees are paid.
- Recital participation is mandatory for most classes (see instructor for details/questions).

Please note the above stated policies are subject to change and additional policies may also be added at any time. Please check our website ([www.bayareadance.com](http://www.bayareadance.com)) for updates.

I have **read and agreed** to the above stated policies.

Parent/Guardian Signature:

Date:

Please tell us how you heard about Dancemoves.

Newspaper
  Walk-in
  Internet
  Community Newsletter
  Referral
  Other (please specify):

Class Enrollment: (additional)

Class	Day	Time



**AUTO DRAFT AGREEMENT 2011 - 2012**

I authorize the following credit card to be used to pay for Option II tuition in four installments at Dance Moves.

I understand that Tuition Fees ONLY for Option II will automatically be deducted on the designated due dates listed below.

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

CVV2 CODE (on back): \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

CARDHOLDER'S SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

OPTION II DATES: Thursdays: August 25, 2011, October 20, 2011, January 12, 2012, March 22, 2012