



2017-2018

Registration Form

Office Use Only

Student Status:

Returning

New

Registration Form

Registration Fee

Sept. Tuition

Student: _____ Date of Birth _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Health Issues: _____

Student E-Mail: _____

How you hear about us: _____

Mother/Guardian: _____ Father/Guardian: _____

Home Phone: (____) _____ Work Phone (____) _____

Cell Phone: (____) _____ E-Mail: _____

Class Name	Day	Time

WAIVER OF LIABILITY

As parent/guardian of the above student, I hereby waive any liability on the part of *Guiding Light Dance Academy*, its owners, and employees, for any accident or injury that may occur during or arise from dance classes.

Initial _____

NOTIFICATION OF COPYRIGHT

The movement and choreography performed in the classes conducted by *Guiding Light Dance Academy* are the sole property of Jennifer Fontaine and cannot be imitated or duplicated for business or personal use. I understand that she owns the copyrights to all material presented in classes or recitals.

Initial _____

Enrollment Agreement

- ◇ I agree to accompany my child into the building for dance classes.
- ◇ I agree to pick-up my child promptly after class.
- ◇ I agree to directly supervise siblings/other children I bring into the studio and clean-up after them.
- ◇ I understand that participation in the annual recital is optional, and will require costumes and recital fees.
- ◇ I understand that attendance at the annual recital run-through and dress rehearsal is mandatory, no exceptions.
- ◇ I understand that the annual tuition fee is calculated and divided evenly into 10 monthly payments and therefore the monthly amount I am invoiced will remain the same no matter how many weeks of classes there are in a given month. I also understand that tuition will not be pro-rated for missed classes due to inclement weather, holidays, student vacations, student illness, rehearsals, or performances.
- ◇ I understand and accept the registration fee, tuition payment schedule, and late payment fee of \$10 charged after the 10th of each month.
- ◇ I agree to pay a \$25 returned check fee for every returned check, regardless of reason.
- ◇ I understand that it is my responsibility to make sure I receive and read my monthly invoices and newsletters so that I will be aware of what is required of me and my child.
- ◇ I understand that the studio will NOT follow the inclement weather policy for county school—if schools are closed or activities at the school are cancelled, I will check the studio website or call the office.
- ◇ I understand that Guiding Light Dance Academy will not be held responsible for lost or stolen articles.
- ◇ I acknowledge that my child is physically capable of participating in dance training.
- ◇ I understand that Guiding Light Dance Academy, instructors or their landlords are not responsible for injury to myself or my child, whether based on allegations or not, by any reason of my or my child's participation in classes, rehearsals, or performances.
- ◇ I understand and accept that dance instruction may require an instructor to, appropriately, physically touch a student during class.
- ◇ I understand that all instructors will follow safety procedures. In the event of injury every effort will be made to contact the parent or guardian of the student. If necessary, I authorize the staff to administer first aide and/or request emergency medical treatment.
- ◇ I have read, understand, and agree to the conditions of this statement.

Signature of student or parent (if student under 18 yrs. of age)

Date