



## Student Registration Form 2019-2020

Student's Name (First & Last): \_\_\_\_\_ DOB (if under 18): \_\_\_\_\_ Age \_\_\_\_\_

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Home phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father Cell #: \_\_\_\_\_

Name of Responsible Party: \_\_\_\_\_

E-Mail \_\_\_\_\_ E-Mail \_\_\_\_\_

School Student Attends \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Please advise us of any medical conditions that may affect the student's participation \_\_\_\_\_

Student has Insurance: yes or no \_\_\_\_\_

### Agreement for Participation

I understand that dance classes may include, without limitation, dancing with props, stretching, barre work, across the floor combinations, dance routines in the center, and other related activities. I further understand that all of the activities of the dance class involve some degree of risk of strain or bodily injury. Juli Kell's Dance Center, LLC is not responsible for injury or the loss of personal property. I agree to be responsible for reading studio correspondence and respecting deadlines, if applicable. I understand the policy & procedures in the student handbook set forth by Juli Kell's Dance Center for the 2019-2020 Season. I agree to pay monthly tuition based on a ten-month cycle, with classes running from September through & including June 2020. I agree to make costume payments on Oct 1, & have my balance current & costume balance paid off by December 10, 2019. I understand that tuition is due on the 1<sup>st</sup> of every month and I will be charged a \$15 late fee if not paid by the 15<sup>th</sup> of the month. I understand that costume orders or recital ticket orders will be held until the account is current. It is understood that all tuition is non-refundable and if the status of the account is not kept current (within 30 days), all class or performance participation will be revoked until the account is up to date. I understand that any images captured during class time and performances may be used to promote Juli Kell's Dance Center.

I hereby acknowledge that I have read the statements above and agree to participate accordingly.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Please list the class(es) you wish to enroll in.

Style & Level	Day/Time	Class Length	Tuition Due
1.			
2.			
3.			
4.			
5.			

**Total Class Length** \_\_\_\_\_ **SUB-TOTAL:** \$ \_\_\_\_\_

6. \_\_\_\_\_ 10% Pay full Year Discount: \$ \_\_\_\_\_ ( )

7. \_\_\_\_\_ **SUB-TOTAL:** \$ \_\_\_\_\_

8. \_\_\_\_\_ **Family Registration Fee:** \$ **35.00**

Private \_\_\_\_\_ **TOTAL:** \$ \_\_\_\_\_

Private \_\_\_\_\_ **Amount Paid (Min. \$35.00):** \$ \_\_\_\_\_

**Balance Due:** \$ \_\_\_\_\_

#### FOR OFFICE USE ONLY:

REGISTRATION DATE: \_\_\_\_\_

RECITAL VOLUNTEER: \_\_\_\_\_