

# Dance Class Studio 2016

Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mom Cell \_\_\_\_\_ Dad \_\_\_\_\_

Email \_\_\_\_\_

Student \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Student \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

| class desired | do not fill in this side |
|---------------|--------------------------|
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Payment Option: Monthly \_\_\_\_\_ (must pay first and last month in August with this option)  
 August/ January \_\_\_\_\_

**PARENTS PLEASE BELOW:**

**READ AND INITIAL AND SIGN**

I AGREE TO FOLLOW STUDIO POLICIES, DRESS CODE, PAYMENT PROCEDURES AND AGREE TO PAY APPROPRIATE LATE FEES. \_\_\_\_\_(initial) I UNDERSTAND TUITION AND REGISTRATION FEES ARE NON-REFUNDABLE \_\_\_\_\_(initial)

I CONSENT TO THE USE OF PHOTOGRAPHY OR VIDEOGRAPHY OF MY CHILD FOR THE SOLE PURPOSE OF STUDIO PROMOTION/PUBLIC RELATIONS WHICH MAY INCLUDE BUT NOT LIMITED TO, BROCHURES, ADS, AND WEB SITES. \_\_\_\_\_(initial)

I UNDERSTAND MONTHLY FEES ARE DUE THE THE **FIRST DATE OF THE MONTH** AND ARE CONSIDERED LATE AFTER THAT DATE AND A \$10.00 LATE FEE WILL BE ADDED TO MY BILL. I ALSO UNDERSTAND TUITION REMINDERS ARE **NOT** SENT MONTHLY FROM DCS. THE LAST MONTH TUITION MUST BE PAID WITH THE FIRST MONTH FOR THE MONTHLY PAYMENT OPTION. \_\_\_\_\_(initial) ALL FEES MUST BE PAID PRIOR TO THE RECITAL IN ORDER FOR MY CHILD TO PARTICIPATE IN THIS ACTIVITY. *I hereby waive all claims against, and agree not to hold Rhonda Kaspar and/or Dance Class Studio, or any teacher associated with Dance Class Studio, liable for injuries that could be incurred while at Dance Class Studio.*

\_\_\_\_\_ date \_\_\_\_\_