

**Studio of Dance  
& Performing Arts, Inc.**

4 W. Washington Avenue, Newtown, PA 18940  
(215) 968-8533  
www.danceinnewtown.com

**2011-12 Registration Form**

**Part I: Parent/Guardian Information:**

Please complete both columns for any information that differs. Please check the box to indicate who is the Primary Contact. Primary Contact is the person responsible for payment of this account. All communications including monthly statements and newsletters will be sent to the *Primary Contact*.

**Mother:** \_\_\_\_\_

**Father:** \_\_\_\_\_

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

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

City, ST Zip: \_\_\_\_\_

City, ST Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Emergency Contact: (If different from Primary Contact): Whom should we contact in the event of an emergency during class?**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Part II: Student Information:**

**Student #1:** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

School/District: \_\_\_\_\_ Grade: \_\_\_\_\_ (10-11) Age: \_\_\_\_\_

Pertinent Medical Information: \_\_\_\_\_

<b>Classes Requested</b>	<b>Day</b>	<b>Time</b>	<b>Teacher</b>

**Student #2:** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

School/District: \_\_\_\_\_ Grade: \_\_\_\_\_ (10-11) Age: \_\_\_\_\_

Pertinent Medical Information: \_\_\_\_\_

<b>Classes Requested</b>	<b>Day</b>	<b>Time</b>	<b>Teacher</b>

### **Part III: 2011-2012 Policies**

**Please read the following carefully. Students will not be permitted to take class until completed. Liability Release and Studio Policies lines must be initialed. Photo Release and Email Permission may be initialed or declined.**

\_\_\_\_\_ **Liability Release:** While The Studio of Dance & Performing Arts, Inc. (SOD), its owners, and employees, will maintain proper safeguards at all time, I realize that my child will be actively involved in vigorous, physical activities while in class. SOD makes no representations, either expressed or implied regarding the physical capabilities of a student although activities are planned to meet the overall requirements of each group or class. I will not hold SOD responsible for accidents or injuries resulting from normal class activities or student negligence.

\_\_\_\_\_ **Studio Policies and Tuition:** I have read The Studio of Dance & Performing Arts Policies and agree to abide by them. I understand that there are 2 ways to pay tuition, i.e. monthly or for an entire TRIMESTER (3 months) at one time. Tuition is due on the 1<sup>st</sup> day of each month/trimester with a \$10.00 late fee assessed for any tuition paid after the 10<sup>th</sup> day.

\_\_\_\_\_ **Photo Release:** I authorize SOD to use photographs or video of students listed on reverse for promotional and publicity purposes only. Images will not be used for any other purpose.

\_\_\_\_\_ **Email Permission:** I authorize SOD to send my monthly newsletters and statements to the Primary Contact at the email address listed below. Email will replace my regular postal mailings. I will update SOD of any changes to my address.

**Email Address:** \_\_\_\_\_

### **Part IV: Fees and Payment Method:**

Annual Registration Fee for New Students: \$35.00 for the 1<sup>st</sup> child in family and \$25.00 for each additional child in family. Fees are due at time of registration. This Form is not valid without the accompanying registration fee(s).

#### **Check Payment Option.**

- I wish to pay monthly
- I wish to pay 2 times (half in September and half in January)
- I wish to pay for the entire season
- I understand that the Studio of Dance holds a Ten Month Season. By signing this Enrollment form, I agree to pay for the full ten months as indicated by the payment terms I select above.

### **Part V: I agree to the Terms and Conditions as Stated in the Registration Form:**

**Primary Contact Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### **Instructions:**

To ensure a spot for your child for the Fall 11-12 Season, please complete this form in its *entirety*.

- 1) Complete Form
- 2) Attach Registration Fee
- 3) Mail: Studio of Dance, c/o Judi Rodrigues: 307 West Maple Avenue, Morrisville, PA 19067
- 4) Call (215) 968-8533 with any and all questions.