

Office Use Only:

Date Rec'd: _____ Date Paid: _____

DENTON DANCE CONSERVATORY, LLC
PRIORITY REGISTRATION AGREEMENT
PRIORITY REGISTRATION FEES: \$15 FOR INDIVIDUALS
\$25 FOR FAMILIES
FALL/SPRING 2019-20

VERY IMPORTANT
Please add email below.
 Please add **director@dentondance.com** to
 your email address book ☺
Purpose: Billing statements, class memos,
scheduling changes and newsletters.
Thank you!

Student Name: _____ Age: _____ DOB _____

Address: _____ City/St/Zip _____

Parent/Guardian _____ Yrs of Study _____

EMAIL (Please print): _____

CELL PHONE _____ Home Ph: _____

Work Ph (MOM) _____ (DAD) _____

How did you find us? Social Media Internet Search Website Referral-Name: Other: _____

What academic school does your dancer attend? _____

Emergency Contact other than Parent/Guardian: _____ **Ph:** _____

Class Preferences:

Ballet Tap Combo Ballet/Tap (ages 3/4&4/5) (ages 6-8) Combo Ballet/Jazz (ages 6-8) (ages 7-9)

Jazz Contemporary (Modern) Pre-Pointe Pointe Adult Dance Fitness

Hip-Hop (Beg-Int. ages 6-7 / 8-9 / 10-11) HH-Intermediate HH-Advanced. Other _____

Enclosed please find my Registration fee in the amount of \$ _____. I understand this fee **is non-refundable** and guarantees my child a place in levels most suited to his/her age and experience.

Liability/Tuition Payment/Model Release:

I grant permission to the staff of the dance school to take first aid or emergency measures as judged necessary for the care and protection of (me) or (my child) while under the supervision of the school. In case of medical emergency, I understand that (I) or (my child) will be transported to an appropriate medical facility by the local emergency unit for treatment if the emergency unit deems it necessary. I understand that in some medical situations the staff will need to contact the emergency resource before the child's parent, physician and or other person acting on the parent's behalf. I also understand and agree that the child's parents or legal guardians shall be responsible for any expenses incurred. As the parent/legal guardian of _____, I agree to hold harmless from any and all liability the Denton Dance Conservatory, LLC, its officers, employees both in their professional capacity and personally for all injury or illness resulting from or in any way connected with his/her participation in the classes, activities or special events at the school. I understand that it is the school's policy that while under the supervision of the school no child is allowed to leave the building without a parent/legal guardian or the written permission of a parent/legal guardian and that the parent/legal guardian assumes full responsibility for the actions and behavior of the child. Parents/Legal guardians give their permission to DDC/Lisa Racina to use photos and/or video of their child without remuneration in connection with school publications, advertising, social media, TV and news coverage. Registration is for the full mid-August to mid-June dance season and all payments are nonrefundable.

Signature Parent/Guardian: _____ Date: _____

parent or guardian if under age 18

of Hours/Week: _____ **Monthly Tuition: \$** _____

Days & Times of Classes: _____

PLEASE TURN OVER AND COMPLETE THE OTHER SIDE --->

Office Use Only:
 Date Sched Sent: _____ Email into CC: _____ Payment info: AP CC Date Entered/Proofed: _____

NOTE: Please use this side to indicate **day AND time preferences or any other special extenuating circumstances (I.e., after 5 pm, weekends only, no weds., etc.)** that may apply to your situation. Also, if there is any day you absolutely cannot come, please indicate. If you are pre-registering, class schedules will be emailed TO THE ADDRESS ON THE FRONT OF THIS FORM by July 30th at the latest. If there are any scheduling conflicts, please email Lisa at Director@dentondance.com to resolve.

SPECIAL HEALTH NOTES/CONCERNS:

PARENT'S INFORMATION

Father's Name: _____ Place of Employment _____

Address (if different) _____ Occupation: _____

Home Ph _____ Work ph _____ Cell Ph _____

Mother's name: _____ Place of Employment _____

Address (if different) _____ Work ph: _____ Occupation: _____

FEES: All fees are outlined in the Tuition Rates/Fees pamphlet, a copy of which I have received. **Tuition is due the 1st** day of each month. A **returned check requires a \$25 charge** to the customer account since the bank charges the studio. After one returned check, Denton Dance Conservatory, LLC, will require cash only payments.

If (I) (my child)ren drop out of the dance program, I understand I must notify the studio in writing, at least 30 days prior to the student's departure. This allows the studio to be sure to discontinue my payment schedule. Until this form is received (I) (my) child(ren) will be considered enrolled and I will be responsible for my/his/her fees. The Student Handbook will be given me upon completion of **registration at the school.**



DANCE SEASON PAYMENT AGREEMENT: If I desire to pay other than by the semester (5% discount) or by the year (10% discount), **I AGREE TO SET UP AUTOPAY (if not already on AUTOPAY) WITH A CREDIT CARD/DEBIT CARD/BANK ACCOUNT THRU DDC'S ONLINE PARENT PORTAL at www.DentonDance.com (Parent Portal is in upper right hand corner). I understand that I ALREADY HAVE AN ONLINE ACCT WITH DDC & THAT MY CURRENT AUTOPAY INFO WILL GO INTO EFFECT IN AUGUST ON THE FIRST DAY OF FALL CLASSES. I AGREE TO KEEP ALL AUTOPAY INFO CURRENT THROUGHOUT THE YEAR. PLEASE CALL (940) 383-2623 OR EMAIL director@dentondance.com IF YOU HAVE ANY QUESTIONS OR NEED HELP RESETTING A PASSWORD.**

Signature: _____ Date _____

RECITAL COMMITMENT JUNE 13TH, 2020

Yes, I plan to have my child participate in the end-of-the-year recital & agree to pay the associated Recital Fee (\$50/student or \$70/family) & costume fees (see below.) INITIAL HERE _____

I understand that if I need to pull my dancer out of the show for any reason, I will let the studio know in writing by FEBRUARY 15TH 2020 (most costume companies will refund costume fees with a \$5-\$10 cancellation fee.) INITIAL HERE _____

I CANNOT COMMIT TO THE RECITAL. DO NOT ORDER A COSTUME IN JANUARY. INITIAL HERE _____

JUNE 2020 RECITAL COSTUME FEES:

Recital Costume Fees: (Please add \$10 Ship/Handling Fee per costume AFTER December 31, 2019)

\$85 Combo (Ages 4/5) \$90 Contemporary \$95 Ballet or Jazz (ages 11+)

\$95 Combo (Ages 6/7) \$85 Tap Variable for Specialty Classes

\$115 Combo (Ages 7-9) \$95 Hip-Hop

\$125 B/J OR B/T NON-Combo (3:35 Bal) \$80 Ballet or Jazz (ages 8-10)

ALL COSTUME FEES NEED TO BE PAID BY NOV 1ST, 2019 – TOTAL DUE \$ _____

STUDENTS THAT JOIN US IN THE SPRING 2020, NEED TO HAVE ALL COSTUME FEES PAID BY FEB 15TH, 2020