

DENTON DANCE CONSERVATORY, LLC

Registration Agreement for FALL 2009 --NEW STUDENTS

REGISTRATION FEES: \$20 FOR INDIVIDUALS
\$30 FOR FAMILIES

E-Mail Address _____

(home) ___ or (business) ___

A good email address is very important. We will be billing via e-mail this year, as well as sending out our newsletters, special notices, class changes, performance times, picture schedules, etc. **Please be sure to add our email to your address book to receive this very important information!**
LisaDDC4me@aol.com

Student Name: _____ Age: _____ DOB _____

Address: _____ City/St/Zip _____

Parent/Guardian _____ Yrs of Study _____

Home Ph: _____ CELL PHONE _____

Work Ph (MOM) _____ (DAD) _____

How did you find us? Phone book ___ Internet ___ website ___ Sign ___ Individual Referral-Name: _____

|-----Adult Special Sessions- please circle interest-----|

Class Preference (please check) | Beg./Int Ballet ___ Beg/Int Jazz ___ HH ___ Pilates ___ Yoga ___ |

Modern Tap (int) Combo Ballet/Tap (ages 4&5) (6-7 yrs) Combo Ballet/Jazz (ages 6-7)

Ballet Yoga Jazz Pre-Pointe Pointe Pilates Class

Hip-Hop (Beg-Int ages 11+) HH Teen HH Adv ___

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 my child while under the supervision of the school. In case of medical emergency, I understand that 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 school, 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 the school to use photos and/or video of their child without remuneration in connection with school publications, advertising, 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 Classes: _____ Monthly Tuition: \$ _____

Days & Times of Classes: _____

NOTE: Please use this line 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 this also. If you are pre-registering, suggested class schedules will be mailed by July 30th. If there are any conflicts, please email the studio at LisaDDC4me@aol.com or come by during Open House to discuss alternatives.

Questions? Call us at (940) 383-2623 or email Lisa at LisaDDC4me@aol.com

SPECIAL HEALTH NOTES/CONCERNS:

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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: _____

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Please list previous DANCE training (schools, teachers, # years, etc.)

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 complete the **DROP FORM** included in the Student Handbook and return it to the office or drop in the check box, at least 30 days prior to the student 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 or by the year, a **Dance Season Payment Agreement** will be completed upon the approval of (my) child(ren)'s class schedule for the semester. I understand that when paying monthly, a credit card authorization or electronic bank draft is required. I understand my registration is not complete until this Agreement is executed and attached hereto.

Signature: _____ Date _____

Please return completed form along with your registration fee (\$20/Individuals or \$30/Family) to:

Denton Dance Conservatory, LLC

4103 Mesa Drive

Denton, TX 76207

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