

The Dance Company Dance Registration Form – Fall 2009

Student 1 Name _____ Age _____ DOB _____ Grade _____

Student 2 Name _____ Age _____ DOB _____ Grade _____

Address _____

City/State/Zip code _____

Home Phone / Family email _____

Previous Dance Experience _____

Parent 1 Name -Phone/ Home, /Work/Cell Phone _____

Parent 2 Name Phone/ Home, /Work/Cell Phone _____

*** Please keep the Dance Company up to date on current information *** Communication is so important between staff and parents!!!

All school communications are sent out via email & posted on our website— if you do not have internet please discuss an alternative with Shauna.

Please list two people whom we may contact in the case of an emergency:- AFTER PARENTS

Emergency Contact #1/ relationship _____ Phone: _____

Emergency Contact #2 _____ Phone: _____

In the event of a minor injury (fall, scrape, strain, or sprain), the faculty of The Dance company will apply ice, elevate and if necessary contact the parent or the contact person(s). In the event of a medical emergency, the faculty of The Dance Company will call 911, and then will attempt to reach the parent or the emergency contact person(s). The Dance Company faculty should be informed of any physical limitations (past injuries) or medical conditions that may require special attention for the student: _____

How did you hear about The Dance Company? _____

PLEASE READ, INITIAL AND SIGN THE FOLLOWING STATEMENTS

In connection with my participation in classes provided by Shauna Junek and The Dance Company, I understand and voluntarily assume all risks inherent in the nature of the activity; and waive all claims, costs, liabilities, expenses and judgments against The Dance Company, Shauna Junek, SJRJ, LLC, the facility and their respective directors, officers, agents, representatives and employees from all claims, costs, liabilities, expenses and judgments arising out of my participation in the program.

I further agree to indemnify The Dance Company, Shauna Junek and the facility, and their directors, officers, agents, representatives and employees and hold all of them harmless from any and all claims, damages, actions, liabilities and expenses which may be asserted on behalf of myself/child in connection with any damages or injuries arising out of my participation in the program.

I have read and agree to the policies and procedures for dance class participation, and acknowledge that myself/ my child is in good health and capable to participate in this program. I acknowledge that my child has my permission to participate. **Initial** _____

I have read, acknowledge and agree to the policy and fee structures. I have read and understand the policies regarding non-refundable tuition, make-up classes and payment obligations, and that missed classes must be made up during the current school year. **Initial** _____

I certify that I/my child is in good health and capable of participating in all activities and classes. **Initial** _____

I have read the policies and procedures and understand that if my child arrives without proper footwear, attire, or more then 20 minutes late they may be asked to view class rather than participate. I understand that this is for the safety of the student.

DRESS CODE AND TARDINESS POLICIES WILL BE STRICTLY ENFORCED NO EXCEPTIONS **Initial** _____

I understand that I am required to follow school policies; I will show the school consideration of their commitment to my child by giving **30 days written notice prior** to discontinuing classes. Fees will not be reimbursed without written notice. **Initial** _____

I understand that costume deposits will not be refunded after November 15th. And that there may be additional fees. **Initial** _____

Parent Signature _____ Date _____

Children's names _____

The Dance Company Tuition Rate Schedule

Hours Per Week	Monthly Rate +6%sales tax	Annual Rate +6%sales tax
30 or 45 minutes	25.00	200.00
1 hour	30.00	240.00
1.5 hours	42.00	336.00
2 hours	60.00	475.00
2.5 hours	75.00	600.00
3 hours	85.00	680.00
3.5 hours	95.00	760.00
4 hours	105.00	840.00
4.5 hours	115.00	920.00
5 hours	125.00	1000.00
5.5 hours	140.00	1120.00
6 hours	150.00	1200.00
7 hours / unlimited	175.00	1400.00

Class hours may be combined for siblings

Tuition each month is based on average weeks.

First & Last months tuition due at registration

Monthly ACH payments or annual payments are accepted,

NOW ACCEPTING CREDIT CARDS — complete our online registration at www.thedance-co.com.

Free Registration if Paying Annually

STUDENT CLASS INFORMATION

Student Name _____

Class Title & Day _____ Class Length _____

Student Name _____

Class Title & Day _____ Class Length _____

Total Hours Registering for

Tuition Rate _____ plus 6 % sales Tax

Payment

Student Tuition — First and Lasts months tuition, or annual payment _____

Costume Deposit per class 45.00 x _____ classes _____

Additional fees are required for team classes

Annual registration fee per student—non refundable (waived if tuition is paid annually) 25.00

Subtotal _____

Please add 6 % SD State Sales Tax _____

—Please Make Check Payable to The Dance Company

Total Payment enclosed

TO ESTABLISH MONTHLY PAYMENT PLEASE COMPLETE THIS SECTION

FOR MONTHLY PAYMENTS IT IS REQUIRED THAT YOU PAY ACH BY BANK.

PLEASE **ATTACH A VOIDED BLANK CHECK** AND COMPLETE THE FOLLOWING -

THANK YOU FOR UNDERSTANDING THAT THIS IS THE ONLY OPTION FOR MAKING MONTHLY PAYMENTS—WE ALSO ACCEPT CREDIT CARDS

Name of Bank or Financial Institution _____

Bank Phone Number _____

Routing Number _____

Account Number _____

Account Holder's Name _____

Primary account holders social security # _____

I agree to pay the Dance Company Monthly tuition and costumes balances by ACH withdrawal from my account on the 1st of every month. Costume Balances will be withdrawn on the 15 th of the month of which I am notified in writing from The Dance Company. I understand that these amounts will be withdrawn from my account and give the Dance Company Permission to complete these transactions. I understand that one months written notice is required to stop these payments from my account. I understand there is a \$25.00 late fee for returned items.

Signature of ALL account owners _____ Date _____

Please mail registration form and check to:

The Dance Company, P. O. Box 32 , Spearfish, SD 57783