



Enrollment Form

(1) Student's Name _____ DOB _____ Age _____ M F

Please List Any Medical Issues, Allergies, Medications, or Religious Restrictions: _____

(2) Student's Name _____ DOB _____ Age _____ M F

Please List Any Medical Issues, Allergies, Medications, or Religious Restrictions: _____

(3) Student's Name _____ DOB _____ Age _____ M F

Please List Any Medical Issues, Allergies, Medications, or Religious Restrictions: _____

Parent 1: Name _____ Cell Number _____

Authorized to text this number regarding dance information (Circle one): Yes No

Work Number _____ House Number _____

Email Address _____

Home Address _____

City _____ State _____ Zip Code _____

Relation to child (Circle one): Mom Dad Grandparent Step-parent Friend

Parent 2: Name _____ Cell Number _____

Authorized to text this number regarding dance information (Circle one): Yes No

Work Number _____ House Number _____

Email Address _____

Home Address _____

City _____ State _____ Zip Code _____

Relation to child (Circle one): Mom Dad Grandparent Step-parent Friend



Emergency Contact

If Dream Dancers Dance Studio is unable to reach the two primary contacts listed above, I hereby authorize the following listed individuals to be contacted).

(1) Name _____ Relation to Child _____

Phone Number _____

(2) Name _____ Relation to Child _____

Phone Number _____

Authorized to Pick Up Child (*Other than parent/guardian*): (1) _____

(2) _____

*Want any easier way to pay tuition? Don't worry about forgetting your wallet at home or not having enough cash on you to pay tuition. By giving Dream Dancers Dance Studio a card to put on file they will charge your monthly tuition automatically by the first week of every month for the duration of the dance season. If there is a month you do not want charged inform the studio bookkeeper 7 days prior to the start of the new month. (*Note: this is optional for the ease of our customers*)

Card Information Saved on File

Total Monthly Tuition as Discussed with Studio Advisor: \$ _____

Card Number: _____

Expiration Date: _____

Security Code (On the back) _____

Zip Code _____

This card information will only be used by Dream Dancers Dance Studio for tuition payments, unless directed otherwise.

Parent or Guardian Signature: _____ Date: _____



Release Form

Medical Information and Treatment Release - In consideration of my child's participation in Dream Dancers Dance Studio activities and the inherent risk of the dance and/or tumbling activities that may result in injury/harm requiring emergency medical treatment, I authorize Dream Dancers Dance Studio, its successors or assigns, directors, employees, student teachers, agents and/or volunteers to obtain and/or release and information to Dream Dancers Dance Studio activity personnel (Including, but not limited to, organizers, instructors, and adjudicators) and to first-aid and safety personnel, medical professionals, and treating medical facility regarding my child's medical history, symptoms, treatments, exam results, and/or diagnosis. I also authorize emergency medical treatment as required to save life or limb and release Dream Dancers Dance Studio from all liabilities for treatment.

Assumption of Risk and Waiver - I understand that there are inherent risks of serious injury or even possible fatality with dance and tumbling activities. I hereby, intending to be legally bound for myself, my heirs and assigns, executors and administrators, waive and release forever any and all claims for the damages against Dream Dancers Dance Studio, its owners, teachers, choreographers, student teachers, and all employees for any and all injuries or losses that I, my son/daughter, my ward may sustain associated with my child's participation in Dream Dancers Dance Studio's activities. I release Dream Dancers Dance Studio of all liabilities for injuries while attending ALL classes, performances, competitions, parades, fundraisers, and activities.

Tuition Payment - I understand that there is a monthly tuition payment due no later than the 10th of each month. After the 10th, I will be charged a \$10.00 late fee and required to fill out a promise of payment to put my card information on file. My payment and late fee will be due with both the past due payment and the current tuition on the 10th of the current month. I authorizes Dream Dancers Dance Studio to charge the card on file for the past due tuition if the payment has not been made within a 30 day time frame. I understand that if I am more than two months past due without making arrangements with the studio bookkeeper that my child will no longer be able to attend class until I am caught up and paid in full. I understand that by the third past due month I will be turned over to a collection agency. I understand that if my check is returned to Dream Dancers Dance Studio because non-sufficient funds, I will be charged a \$35.00 NSF fee. I understand that there is an option for me to put a card on file to be automatically charged the first week of every month. All credit card charges charge a 3% convenience fee.

Costume Payment- I understand that my child will have a seperate costume fee that is not rolled into my child's tuition. I agree to pay the full amount of costume fees when I register for the dance season. If I cannot meet this requirement, after payment arrangements have been made with the studio's bookkeeper, I will be charged a one time fee of \$15.00 late fee and an additional fee of \$5.00 per month until my outstanding bill is paid in full. My child will not receive his/her costume(s) until they are paid for. All costumes will be ordered and handed out before the Christmas Show for alterations. I understand that my child will not be allowed to participate in any and all performances without a costume, specific tights for that costume, proper shoes, and all alterations.

Photo Release - I agree to allow any likeness, picture, or DVD/CD/video of my child to be used for professional and/or advertising material, or to be used in programs, brochures along with their name unless discussed otherwise.

In Conclusion

*I understand that months will not be prorated at Dream Dancers Dance Studio.

*I understand that there will be no make-up classes.

*I hereby release my child, a student of Dream Dancers Dance Studio, will participate in all dance activities. I am familiar with all of the requirements of the Dream Dancers Dance Studio events.

I have received, fully read, and understand that Dream Dancers Dance Studio Policy includes, but is not limited to, all the rules and regulations, requirements and payments, release form and registration form. I have signed all documentation and turned into the studio bookkeeper at Dream Dancers Dance Studio. I have gone through the studio policy with my child and he/she understands all the rules that apply while at the studio or any events or performances.

Student's Name (please print): _____

Parent or Guardian Signature: _____ Date: _____

Studio Representative: _____ Date: _____