

Date of First Class

Academy of Dance
Registration

Class Day/ Time Requested _____

Students First/ Last Name _____ Age _____

Students Birth date _____ Nick name _____

Mother's First/ Last Name _____

Home Address _____ City _____ Zip _____

Email Address _____

Home # _____ Work # _____

Cell # _____

Check if we can
text you updates &
 reminders

Father's First/ Last Name _____

(Home Address only needed if Different the mothers)

Home Address _____ City _____ Zip _____

Email Address _____

Home # _____ Work # _____

Cell # _____

Check if we can
text you updates &
 reminders

*** In case of court order parenting plans or other court orders, please understand that AOD cannot be responsible for handling visitation schedules or other mandated plans.*

Emergency contact name & phone number *(Please provide 2 contacts)*

1. _____

2. _____

How Did You Hear About Us? _____

Health Concerns i.e. Diabetic, Hearing Disabilities, Asthma _____

Peanut Allergy?

****Speak to Mrs. Yvonne and Instructor directly in regards to related concern**

____ (Initial) Academy of Dance reserves the right in case of medical emergencies to call for medical aid if we feel it necessary and will not be held liable for cost or other services rendered. Dance is a high impact sport.

Doctors Name _____ Doctors # _____

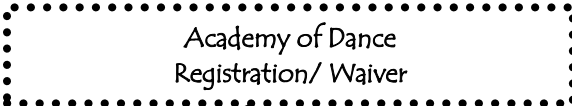
____ (Initial) Academy of Dance will occasionally take pictures/video during class. I acknowledge I need to sign the AOD Media Release form.

____ All tuition must be up to date in order to pick up costumes in Spring. Costumes are special ordered, are non refundable, and take several months to receive. If you are unable to participate in recital please contact Yvonne or your instructor at this time. If you order a costume and at a later date are unable to attend recital, it is parent's responsibility to pick-up paid for costumes prior to the Formal Spring Recital Date. If Costume(s) are not picked up by this date, they may no longer be available to pick up and cost is forfeited.

Your Signature is your agreement that Mrs. Yvonne Cox, Academy of Dance, and its instructors cannot be held liable for injury, accidents, or personal loss during any Academy of Dance events or classes on or off the premises.

Parent/ Legal Guardian Printed Name _____

Signature Parent/ Legal Guardian _____ Date _____



Academy of Dance
Registration/ Waiver

Please initial the following policies and procedures. If you have any questions prior to registration

Please feel free to contact Mrs. Yvonne at 360-708-5902

Student's First/ Last Name _____

Parent/ Guardian's First/ Last Name _____ Primary Contact # _____

_____ AOD cannot be held liable on or off the premises, for injury, accidents, or personal loss.

Fees/ Payments/ Make-up Classes

_____ Annual \$15 nonrefundable family registration fee is due at time of registration for the school year.

_____ You agree to be responsible for tuition payment by the 1st week of each month.

_____ If your tuition is late you agree to pay the \$10 late fee that will be collected at the time of payment.

Please make checks payable to Academy of Dance. Your dancer's name and the tuition month in the "memo"

_____ There is a minimum charge of \$35 for all NSF checks.

_____ There are no refunds for missed classes; make up classes may be scheduled in the same month your class was missed. **Full tuition will be collected when classes are missed.**

_____ Written notice is required by the 1st class of the month when terminating a dance class or you will be held responsible for full tuition that month.

_____ Class sessions are consecutive and each session is usually 4 weeks. Class performances, demonstrations, pictures, and rehearsals count as a formal class.

_____ AOD follows Burlington School District's calendar for most holidays and weather closures. If closure occurs we invite you to make-up your class that is closest to your child's age/level.

Pick-up/ Drop-off/Observation

_____ Parent's/ Guardians are expected to pick-up kids in class on time.

_____ Parent's/ Guardians must come into the studio to drop off and pick up their child.

_____ A written note and verbal communication with AOD/instructor is needed if your child goes home with anyone other than the parent listed above.

_____ It is parents' responsibility to ask another parent t they trust to watch/help their dancer if leaving facility.

_____ Quiet observation is allowed during the last class of each month.

_____ AOD cannot be held liable on or off the premises, for injury, accidents, or personal loss of family, siblings, or friends that attend events or wait with parents during classes.

Please keep all siblings with you during classes & events and do not allow them to wander or use the restroom alone.

Belongings/ Dress Attire/ Behavior

_____ Parents & Dancers Acknowledge AOD is not responsible for dancer's personal property. AOD cannot be held responsible for loss of or damage to Dancer's costume, hair pieces, shoes, makeup, clothing, electronics, & all other personal possessions.

_____ Students cell phones are not to be out or used during class sessions without permission.

_____ Students are expected to arrive on time and ready to dance. Please arrive early if dancer's need to change. Student's hair needs to be pulled back and out of their face. Dancers are expected to come with the required shoes for their classes.

_____ Parents are expected to act in a sportsmanlike manner & encourage their child to do the same. Students refusing to follow instructor's directions or who are continuously disruptive may be asked to discontinue with no reimbursement on tuition.

I, Acknowledge that I have read and agree to ALL Academy of Dance policies and procedure. I Acknowledge that by allowing my child to dance I am agreeing to follow and observe all policies and procedure, including but not limited to Liability, Fees/ Payments/ Make-up Classes, Pick-up/ Drop-off/Observation, Belongings/ Dress Attire/ Behavior.

Parent/ Guardian Signature

Date