

# CLASS ACT

a center for dance.

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

Parents Names: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Any Medical Conditions or Medications? \_\_\_\_\_

Schools previously trained with and how long? \_\_\_\_\_

**Classes interested in taking:**

Tap	_____	Creative Movement (ages 3&4)	_____
Jazz/Lyrical	_____	Intro to Dance (ages 5&6)	_____
Ballet	_____	Intro to Dance JAZZ	_____
Pointe	_____	Private Lesson	_____
Hip Hop	_____	Boys Hip Hop	_____
Theatre Jazz	_____	Acro	_____
Stomp	_____		

\*Registration fee is \$25.00 and is non-refundable and due at time of registration.

\*September and June tuition are due at time of registration. No student will be considered registered and will not be guaranteed a place in class until payments have been made in full. Tuition for all other months will be due the first class of every month. Payments not received by the 10<sup>th</sup> of the month will be assessed an accruing \$5.00 late charge per class. Desk staff will be available to take payments the first 2 weeks of the month. If you do not see a desk person or come to pay LATE, there is a payment "mailbox". Put your payment in an envelope, with student's name, amount and what you are paying for seal and put in mailbox. Receipts will be filled out at the end of the week and left for you if needed. NOT AT ANY TIME SHOULD A TEACHER BE ASKED TO TAKE A PAYMENT UNLESS THEY ARE WORKING THE DESK THAT NIGHT!

\*Payments may be made by cash or check, made out to "Class Act." There will be a \$40.00 bounced check fee for all returned checks.

\*If a student is resigning from any class, it MUST BE IN WRITING and given to office staff immediately. As long as a letter is not received, you will continue to be charged for that class monthly and a bill will be sent to you.

**By Signing below, I hereby agree to the above stated policies. I have also received a copy of the policy handout and have read and agreed to the policies in the handout. I release the staff of "Class Act- A Center for Dance" from any and all liability for personal injury.**

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_