



2020-2021 STUDENT REGISTRATION FORM

Dancer's Information:

Student's Name: _____ Age: _____ Date of Birth: ____/____/____ (Child 1)

Sibling's Name: _____ Age: _____ Date of Birth: ____/____/____ (Child 2)

Street Address: _____

City: _____ State: _____ Zip: _____ Home Phone:(____) _____

Parents' Information

EMAIL ADDRESS: _____

Mother's Name: _____ Cell Phone: (____) _____

Employer: _____ Work Phone:(____) _____

Father's Name: _____ Cell Phone: (____) _____

Employer: _____ Work Phone:(____) _____

In case of emergency, if parents cannot be reached, contact:

1. Name _____ Relationship to child: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Please list below any other person besides a parent or guardian that is eligible for pick-up:

1. _____ 2. _____ 3. _____

Medical Information:

Any illness, allergies or medications _____

Please list any physical, mental, behavioral or medical conditions that we should be aware of:

Does your child have prior dance experience? ____ YES ____ NO If so how many years? ____

How did you hear about us? _____

REGISTRATION FEE

One Time Registration Fee of \$25.00 per year/ per dancer

ON POINTE DANCE STUDIO CONTRACT

I _____, (Parents Name) understand and agree that my child's monthly dance tuition payment is due **ONE MONTH IN ADVANCE**. If I fail to make my monthly payment in advance, my child will not be able to attend OR participate in any dance classes, team event or recital until payment is made in full. I also understand that there will be no exception to the rule. I agree and understand to committing through with the 10-month dance session that runs from August 19, 2020 through May 29, 2021. I understand that if I wish for my child not to continue dance lessons at On Pointe Dance Studio at any time, I will turn in a withdrawal letter one months prior to the month I wish my child to not continue lessons at On Pointe Dance Studio and my account will remain open and charged my monthly tuition fees, late fees and charges until I do so. If I fail to submit a withdrawal letter one month in advance, I acknowledge that a \$25 fee will be accessed as well as my monthly tuition fee, which is nonrefundable. If I wish to withdraw my child before the month is over and have made the following tuition payment, recital/costume fees, or competition fees I do understand that it will not be refunded. I understand, have read, and agree to the following contract by signing below.

I have read, understood and agree to the contract above.

Parent Signature _____ Date: ____/____/____

Print Name: _____

CLASS SELECTION & MONTHLY COST

CLASS (DAY & TIME): _____

CLASS (DAY & TIME): _____

CLASS (DAY & TIME): _____

CLASS (DAY & TIME): _____

CLASS (DAY & TIME): _____

CLASS (DAY & TIME): _____

CLASS (DAY & TIME): _____

UNLIMITED CLASSES: _____

For Office Use Only:

REGISTRATION: \$ _____ DATE REGISTERED: ____/____/____ Aug: _____ Pro-rated

DANCER MONTHLY TUITION COST \$: _____ # OF HRS: _____ Sept: _____

SIBLING MONTHLY TUITION COST \$: _____ # OF HRS: _____ Oct: _____

SIBLING DISCOUNT \$ _____ Nov: _____

PERFORMANCE TEAM MONTHLY COST: _____ # OF HOURS: _____ Dec: _____

ADDITIONAL CLASSES FOR PT STUDENTS _____ (\$25 PER CLASS MONTHLY) Jan: _____

TOTAL MONTHLY COST \$ _____ Feb: _____

Notes: _____ Mar: _____

_____ Apr : _____

_____ May: _____