

CENTER OF DANCE ARTS REGISTRATION 2018-2019

PLEASE FILL OUT 1 FORM PER STUDENT!

STUDENT _____ DATE OF BIRTH _____

PARENTS/GUARDIANS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

HOME TELEPHONE: MOM _____ DAD _____

BUS./CELL PHONE: MOM _____ DAD _____

MEDICAL INFO: _____

PERSON TO CONTACT IN CASE PARENT OR GUARDIAN IS UNAVAILABLE

NAME _____ RELATION _____ PHONE _____

I grant permission to the staff of the dance school to take first aid or emergency measures as judged necessary for the care and protection of my child while under the supervision of the school. In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the emergency unit deems it necessary. I understand that in some medical situations the staff will need to contact the emergency resource before the child's parent, physician, and or other person acting on the parent's behalf. I also understand and agree that the child's parents or legal guardians shall be responsible for any expenses incurred. As the parent/legal guardian of _____, I agree to hold harmless from any and all liability the school, its officers, employees both in their professional capacity and personally for all injury or illness resulting from or in any way connected with his/her participation in the classes, activities or special events at the school. I understand that it is the school's policy that while under the supervision of the school no child is allowed to leave the building without a parent/legal guardian or the written permission of a parent/legal guardian and that the parent/legal guardian assumes full responsibility for the actions and behavior of the child. Parents/legal guardians give their permission to the school to use photos and or video of their child without remuneration in connection with school publications, advertising, tv and news coverage. Registration is for the full September to June dance season and all payments are nonrefundable. I also agree to all terms stated in the Center Of Dance Arts Policies for 2018-2019 and/or the Center Of Dance Arts Company/Troupe Guidelines for 2018-2019 season.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

CLASS	AGE	DAY	TIME	LENGTH

Registration Fee: \$ _____

(\$25/student or \$40/family)

1st Month Tuition: \$ _____

Last Month Tuition: \$ _____

Costume Deposit: \$ _____

Less Discount: \$ _____

TOTAL DUE: \$ _____

PAID CASH

PAID CREDIT

PAID CHECK

Ck # _____