



# NEW Student Registration Form Spring 2019

Students last name: \_\_\_\_\_ First name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**BILLING Contact #1** Last Name: \_\_\_\_\_ FirstName \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**CONTACT EMAIL (billing & info.):** \_\_\_\_\_

**Information Contact #2**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

AGREEMENT FOR PARTICIPATION AND TREATMENT OF MINOR INJURIES:

This signature is required for participation of all minor children. By signing this form, the parent or guardian consents to the minor's participation in all JAM Dance Academy, LLC activities and treatment of any sort deemed necessary by the proper supervisors for any illness or injury resulting from minor's participation in all activities.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

PART I OR II MUST BE COMPLETED PRIOR TO ENROLLMENT

**PART I – TO GRANT CONSENT AND RELEASE OF INFORMATION**

I hereby give consent for the following medical care providers to be called in the event of a medical emergency:

Doctor: \_\_\_\_\_ phone# \_\_\_\_\_

Dentist: \_\_\_\_\_ phone# \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ phone# \_\_\_\_\_

In the event reasonable attempts to contact my emergency contact and/or me have been unsuccessful, I hereby give my consent for the administration of any medical treatment deemed necessary by above named doctor/dentist, or in the event the designated preferred practitioner is not available, by another licensed doctor/dentist and the transfer of myself and/or my child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians/dentists, concerning the necessity for such surgery, are obtained prior to the performance of such surgery.

List any allergies, medications currently taking or physical impairments: \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**PART II-REFUSAL TO CONSENT**

I do not give my consent for emergency medical treatment for my minor child. Please contact me immediately.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**Class Enrollment MONTHLY AND SEMESTER DISCOUNTS CANNOT BE COMBINED**

Name of Class \_\_\_\_\_ Day \_\_\_\_\_ \$ \_\_\_\_\_

Name of Class \_\_\_\_\_ Day \_\_\_\_\_ \$ \_\_\_\_\_

Name of Class \_\_\_\_\_ Day \_\_\_\_\_ \$ \_\_\_\_\_

Name of Class \_\_\_\_\_ Day \_\_\_\_\_ \$ \_\_\_\_\_

Name of Class \_\_\_\_\_ Day \_\_\_\_\_ \$ \_\_\_\_\_

Name of Class \_\_\_\_\_ Day \_\_\_\_\_ \$ \_\_\_\_\_

**IF PAYING BY MONTH**

Total Monthly Amount Due \$ \_\_\_\_\_

Subtract **5%** Discount over 1 class per month % \_\_\_\_\_

Total Monthly Payment \$ \_\_\_\_\_

Add first and last month (September/January) \$ \_\_\_\_\_

Add Registration fee: \$45.00

Total Due: \_\_\_\_\_

**IF PAYING SEMESTER IN FULL**

10% Discount if paid in FULL at the **BEGINNING** of the semester ONLY. February-June

Total Monthly Fee x 5 months \$ \_\_\_\_\_

Applied Discount of 10 % \_\_\_\_\_

Registration fee: \$45.00

Total \$ \_\_\_\_\_

I UNDERSTAND THE NO REFUNDS POLICY \_\_\_\_\_

5% Discount may apply to children of families with 2 or more students. Discount applies to the total monthly amount of each child after the first child's registration. One registration form per child, please turn in together. **10% Discount expires on the last day of February. After that, the 10% discount DOES NOT APPLY. Unused classes or fees cannot be transferred over to another season or to another family member.**

CREDIT CARD PAYMENT: PLEASE PRINT LEGIBLY I AUTHORIZE YOU TO AUTOMATICALLY CHARGE MY CARD EVERY MONTH \_\_\_\_\_ INL

CC # \_\_\_\_\_

CVC CODE: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

I AUTHORIZE THE 3% CONVENIENCE FEE FOR THIS CHARGE: X \_\_\_\_\_ INITIAL \_\_\_\_\_

Time	Class Cost
30 minute class per week	\$40.00 per month
45 minute class per week	\$45.00 per month
1 hour class per week	\$50.00 per month
1.25 hour class per week	\$55.00 per month
1.50 hour class per week	\$60.00 per month
Ballet V / Advanced Pointe	\$65.00 per month

(Should a class meet twice weekly, you will be charged at a per class price.)

Discounts are per student and cannot be combined. 5% discount on the total monthly fees of second or more children and may be combined.

\*Students registering for Pointe classes must have prior approval.

\*Students registering for the Beginning Contemporary class must be registered in Ballet II as a pre-requisite. Students registering for Children's Intermediate Contemporary must have prior approval and must be registered in Children's Ballet III or IV. Intermediate/Advanced Jazz/Contemporary is a two-class per week class. Should a student only wish to take one class per week, a \$5.00 per month sur-charge will be added to your bill.

**If paying monthly, first and last month payments are due at the time of enrollment per student per class.**

An annual registration fee of \$45.00 per student is due at the time of enrollment.

Payments can be made in the form of a check, cash or credit card. A \$30.00 charge will be assessed for any returned checks. Should a credit card decline, you will need to make your payment with another form of currency. Late fee will still apply if not paid. Checks may be made payable to **JAM Dance Academy**. X \_\_\_\_\_ INITIAL

Unless paid in full, tuition is due by the 1<sup>st</sup> of each month. A \$10.00 late fee will be added to your bill after the permitted 5 day grace period. X \_\_\_\_\_ INITIAL

Statements will not be mailed.

Missed classes will not be refunded. A make-up class can be arranged with your teacher.

**No refunds/credits will be given or transferred over to another semester or family member.** X \_\_\_\_\_ INITIAL

**Photo Release**

I hereby give JAM Dance Academy permission to use any photos and/or videos for advertising, website, or other media outlets.

Yes I give my permission  No, I do not give my permission

**Rules and Requirements and Attire :**

I have read the Rules and Requirements form and will adhere to the required payment and attire procedures. **Repeated failure to comply with attire requirements may restrict your child from participating in class.**

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Office use only:			
Feb/June paid.	Date: _____	PIF 1st Semester _____	Date: _____ PIF Year _____ Date: _____
Reg Fee: _____	Int: _____		