



NR JAM DANCE STUDENT REGISTRATION FALL/WINTER 2024/25

☐ NEW STUDENT ☐ CURRENT STUDENT (ONLY FILL OUT STUDENT'S NAME/CLASSES/CHANGES)

Students last name: _____ First name: _____

Age: _____ DOB: _____ Id, Gender: _____

Street Address: _____ Apt# _____

City: _____ State: _____ Zip: _____

BILLING Contact #1 Last Name: _____ FirstName _____ Relationship: _____

Home phone: _____ Cell phone: _____ Work phone: _____

EMAIL INFORMATION SENT TO:: _____

Information Contact #2 EMAILS AND BILLING WILL GO TO CONTACT #1. PLEASE READ

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. JAM Dance is not responsible for any injuries sustained.

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 DUE UPON REGISTRATON

(September/January) \$ _____

First Child Registration fee: \$45.00

Pick one: use separate form each additional child.

Additional Child Registration Fee: \$30.00

Total Due: _____

IF PAYING SEMESTER IN FULL

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

Total Monthly Fee x 5 months \$ _____

Applied Discount of 10 % _____

Registration fee: \$45.00

Pick one: use separate form each additional child.

Additional Child Registration Fee: \$30.00

Total \$ _____

I UNDERSTAND THE NO REFUNDS POLICY _____

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 September. After that, the 10% discount DOES NOT APPLY.

TUITION POLICIES PLEASE READ:

- Tuition is an annual fee based on 40.6 weeks of instruction over the school year and divided into equal monthly payments.
- Tuition does not include any scheduled school closures, breaks, or make-up week and you are not refunded for any missed days.
- Tuition total remains the same, whether there are five lessons in the month or one.
- Tuition total is NOT related to the number of lessons in the month. You may ALWAYS schedule a make up day for missed classes.
- Tuition is due regardless of attendance to include sick days or personal vacation or holidays.
- A student can make up a cancelled class in any class provided and must be made up in the season missed. Make up classes will be scheduled at the discretion of the instructors/studio schedule and not the student's schedule. No refunds given.

I understand and agree to all of the tuition policies_____

CREDIT CARD PAYMENT: PLEASE PRINT LEGIBLY I AUTHORIZE YOU TO AUTOMATICALLY CHARGE MY CARD EVERY MONTH_____INL

CC #_____

EXP DATE:_____CV CODE:_____ZIP CODE FOR CARD:_____

I AUTHORIZE THE 5% CONVENIENCE FEE FOR THIS CHARGE: X_____INITIAL

Parent will be sent a portal to pay monthly payments after initial registration is in.

Time	Class Cost
30 minute class per week	\$50.00 per month
45 minute class per week	\$55.00 per month
1 hour class per week	\$60.00 per month
1.25 hour class per week	\$65.00 per month
1.50 hour class per week	\$70.00 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.

*Students registering for Pointe classes must have prior approval.

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 (\$30 each additional child in immediate family) 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 asap. 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 on the 1st of each month **regardless of vacations and studio closings**. A \$15.00 late fee will be added to your bill after the permitted 5-day grace period. X_____INITIAL

Statements will not be mailed. YOU ARE RESPONSIBLE FOR YOUR MONTHLY PAYMENT DUE BY THE 1st of each month.

Photo Release

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

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 and payment requirements may restrict your child from participating in class.**

X_____INITIAL

Signature of parent/guardian_____ **Date**_____

Office use only:

Sept/Jan paid. Date:_____ PIF 1st Semester_____Date:_____ PIF Year_____Date:_____

Reg Fee:_____ Int:_____

ATTIRE ADDENDUM

Please read and sign



I understand that as a parent/guardian of JAM Dance Academy, my student will be dressed in the appropriate class uniform. Repeated failure to do so may result in my child sitting out of class. X_____

Ballet and Contemporary Ages 3-Up

Hair: Up in a tight bun (if permissible) and completely out of face (bangs are ok). Claw clips are not permitted as they end up falling out. Hair must not be hanging in the face. Braids are ok but must be pinned back. No ponytails.

All Jazz/Hip Hop and Tap:

Hair must be in a pony tail or braids and completely out of the face.

Please read the attire sheet or view online the proper uniform for each class. Should you have any concerns, please contact us at info@jamdanceacademy.net

I understand and agree to comply with the hair and uniform requirements set by the studio.

X_____

PLEASE SIGN