



STUDENT REGISTRATION Fall/Winter 2020-21

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. September-January

Total Monthly Fee x 5 months \$ _____

Applied Discount of 10 % _____

Registration fee: \$45.00

Total \$ _____

I/my child WILL BE TAKING VIRTUAL CLASSES ONLY FOR THE SEMESTER. I/my child can attend in person at any time only if there is space.

X _____

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

TUITION POLICIES

- 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.
- 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.
- Tuition is due regardless of attendance to include sick days or personal vacation or holidays.

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 # _____

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	\$53.00 per month
1.50 hour class per week	\$58.00 per month
Ballet V / Adv. Pointe	\$65.00 per month
Ballet IV/ Beg.Int. Pointe	\$70.00 per month
Ballet IV / Beg/int. Pointe	\$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. 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 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.

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

No refunds/credits will be given. 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:

Sept/Jan paid. Date: _____ PIF 1st Semester _____ Date: _____ PIF Year _____ Date: _____

Reg Fee: _____ Int: _____