



# LAKWOOD REGISTRATION SPRING 2021

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 (February/June) \$ \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

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.**

**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 BY THE 5<sup>TH</sup> OF EACH MONTH 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

(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.

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 1<sup>st</sup> 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 now or in the future.

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/Jun paid. Date: \_\_\_\_\_ PIF 1st Semester \_\_\_\_\_ Date: \_\_\_\_\_ PIF Year \_\_\_\_\_ Date: \_\_\_\_\_

Reg Fee: \_\_\_\_\_ Int: \_\_\_\_\_