



# JAM DANCE STUDENT REGISTRATION FALL/WINTER 2026/27

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 REGISTRATION

(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**

8% Discount if paid in FULL at the **BEGINNING** of the semester ONLY. September-January

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

Applied Discount of 8 % \_\_\_\_\_

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.  
**8% Discount expires on the last day of September. After that, the 8% discount DOES NOT APPLY.**

**TUITION POLICIES PLEASE READ:**

- Tuition is an annual fee based on weeks of instruction over the school year and divided into equal monthly payments for your ease.
- 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 four.
- 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 and the parents responsibility to schedule if wanted. 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.

**PARENTS MAY SIGN UP FOR ACCOUNT PAYMENTS ON THE PARENT PORTAL TO AVOID CREDIT CARD FEES!**

Time	Class Cost
30 minute class per week	\$58.00 per month
45 minute class per week	\$60.00 per month
1 hour class per week	\$65.00 per month
1.25 hour class per week	\$70.00 per month
1.50 hour class per week	\$75.00 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 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. YOU ARE RESPONSIBLE FOR YOUR MONTHLY PAYMENT DUE BY THE 1<sup>st</sup> 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



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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.

SHOES:

I understand that JAM has required shoes for each style of dance that must fit properly.

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](mailto:info@jamdanceacademy.net)

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

X\_\_\_\_\_

PLEASE SIGN