JAM DANCE STUDENT REGISTRATION SPRING 2027

☐ **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 REGISTRAITON
(Feb/June) $_____

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. February/June

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. JAM Dance Academy guarantees a total of 30 classes per year which includes the deduction of seasonal school vacations and holidays. You will not be prorated or reimbursed.

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 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***_____

ATTIRE ADDENDUM

Please read and sign

I understand that as a parent/guarding 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

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

X_____

PLEASE SIGN