 **307 Dance Academy**

Registration Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

* New Student
* Returning Student

 225 N. Wolcott

 PO Box 75

 Casper, WY 82602

 Phone: 307-315-6297

 Email: 307dance@gmail.com

 Website: 307danceacademy.com

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| **Student & Parent/Guardian Information** |
| Student Name: | Birth Date: Age: Grade Level: |
| Student E-mail: | Student Cell Phone: |
| Mailing Address: | Home Phone: |
| City, State Zip |  |
| Mother/Guardian Name: | Father/Guardian Name: |
| Mother’s Cell Phone: | Father’s Cell Phone: |
| Mother’s Place of Employment: | Father’s Place of Employment: |
| Mother’s Work Phone: | Father’s Work Phone: |
| **Mother’s E-mail:****(This is our main source of communication-it is imperative we have an email)** | **Father’s E-mail:** |
| Emergency Contact:Relationship to student: | Emergency Phone: |
| Any student info that teacher should know: (allergies, special needs, etc.) |
| **2018-2019 Class & Tuition Information**  |
|  **Length of class****Classes in decimals** |  **Length of class****Classes in decimals** |
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| **Total Hours of Class Per Family: \_\_\_\_\_\_\_\_\_=$\_\_\_\_\_\_** | **Total Monthly Tuition $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| *We feel our program is of the highest artistic caliber and we want to make it accessible to all. Please consider becoming a “Friends of 307” by donating to our annual fund. For as little as $5.00 a month donation you can make a significant impact*  | Monthly Gift $\_\_\_\_\_\_\_\_\_= Total Gift $\_\_\_\_\_\_\_\_\_\_\_ |
|  | **TOTAL DUE THE 1ST OF EACH MONTH (SEPT-MAY) $\_\_\_\_\_\_\_\_\_\_** |
| **Registration Fee: $45.00 per family**(One time yearly non-refundable registration fee per family due before enrollment will be accepted) | **Total Registration Fee Due $\_\_\_\_\_\_\_\_\_\_\_\_** |
| *I have read and understand the information packet attached to this registration form regarding payment policies, placement procedures and studio guidelines. By fulfilling this registration form I am agreeing to abide by all of policies contained herein. Failure to read these policies does not exempt you or your dancer(s) from abiding by them.*Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



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| **Waiver of Liability** |
| 307 Dance Academy strives to provide the safest possible instructional methods and facilities for your student(s). However, dance, tumbling & theatre are very physical activities. As such, there is always the possibility of an injury. Because of this fact, we require that you release, waive, and hold harmless 307 Dance Academy and its staff from any liability for any injury your student(s) may incur while: 1: at the 307 Dance Academy facilities 2: at any 307 Dance Academy event outside of the studio 3: during a class, rehearsal, competition or performance sponsored or arranged by 307 Dance AcademyIf this is acceptable to you, then please sign and print your name with today’s date below:Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_ |
| **Media Waiver** |
| As Parent/Guardian, I hereby Give Permission for this student’s name and image to be used in 307 promotionsSignature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_ |
| **Acceptance of 307 Dance Academy 2018-2019** |
| * I will make every best effort to always be punctual to all classes, rehearsals, performances, recitals, and any other venues set up by 307
* I will communicate class-related concerns and questions in a positive and timely manner with my child’s teacher
* I understand that tuition payments are due by the first of each month and a late fee of $15.00 is incurred after the 15th of each month and that no reminder notices will be sent. I also understand that late payments to 307 may adversely affect my ability to re-register my student(s). With non-payment my student will not be allowed to participate in class until tuition is paid in full and up-date. I will also be responsible for paying a new registration fee to re-register my student if failure to keep my account balanced. My account is to be paid in full at time of recital or my recital pictures can be held until all accounts are in balance.
* I understand that absolutely no food or beverages, except bottled water are allowed at 307 except in the designated areas
* My child/children and I will place our trash and waste items in appropriate trash receptacles
* For safety reasons, I will not allow my child/children to stand on the bleachers, shelves, chairs, tables or countertops.
* I will not allow my child/children to play in the parking lot, bathrooms, vacant studios or in the dressing rooms including running in the hallways
* I will make every best effort to ensure that no excessive volume(i.e. screaming/yelling excessive television or computer volume) disrupts the environment of 307
* I have read all of the information and waiver completely
* I have read, understand and accept 307 Dance Academy Policies
* I have read, understand and accept 307 Dance Academy tuition and fee payment policies

 Signature­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_ **Please return this page to: 307 Dance Academy PO Box 75 Casper, WY 82602** |