

ONE FORM PER STUDENT ONLY

Students Name: _____

Students Date of Birth: _____ Age (as of 12/31/22): _____

Primary Parent/Guardian Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (Cell) _____ (Home) _____

E-mail address: (notices are sent via e-mail. We do not share e-mail addresses) _____

Emergency Contact (other than parents): Name: _____

Relationship: _____ Phone #: _____

List conditions, medical or other, we need to know about, including any allergies, to help your dancer have the best experience possible: _____

Registration fees / per family: \$50.00 *for NEW dancers.* \$50.00 *returning students if received BEFORE June 1, 2022*
Please note there is a service fee for credit card transactions \$60.00 *for returning students if received / postmarked AFTER June 1, 2022*

| CLASS(es) | DAY | TIME |
|------------------|------------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

We are interested in paying for the year in full. A billing statement will be sent.

OFFICE USE ONLY

| | | |
|----------------------------|----------------------------|---------------------------------------|
| Account #: _____ | | Quickbooks: _____ |
| Dancer #1 | Dancer #2 | Excel: _____ |
| Tuition: \$ _____ | Tuition: \$ _____ | Class List: _____ |
| # of Costumes: _____ Child | # of Costumes: _____ Child | Coupon mailing: _____ |
| _____ Adult | _____ Adult | Total Family Tuition: \$ _____ |
| Costume: \$ _____ | Costume :\$ _____ | Family costume: \$ _____ |
| \$ _____ 1/2 pymt | \$ _____ 1/2 pymt | \$ _____ 1/2 pymt |

Number of consecutive years completed as of May 2023 with Dance Dimensions
(must be consecutive to receive a 3, 5, 8, 10, 12 + year award presented in the Spring) _____

Enrolled sibling/family member name: _____

Please complete if different from the front

Parent/Guardian address (if different from what is listed on the front side of this form):

Name: _____ E-mail address _____

Address: _____

City: _____ State: _____ Zip code: _____

Billing Address (if different from what is listed on the front side of this form):

Name: _____ E-mail address _____

Address: _____

City: _____ State: _____ Zip code: _____

Previous Dance Training (if new): _____

If a new student how did you hear about us? Referral Web-site

Other (please specify): _____

RELEASE OF LIABILITY AND PLEDGE

I, _____ the parent or guardian of _____, a student of Dance Dimensions:

- Do hereby release from all liability Dance Dimensions and its staff for all injuries sustained during the course of dance or dance-related study with Dance Dimensions, LLC in Brookfield, CT.
- Do hereby release from all liability Dance Dimensions and its staff for all illness/ injuries sustained during the course of dance or dance-related study during/while attending virtual classes.
- I understand all studio policies and information written in the 2022-2023 information packet.
- I understand monthly tuition/costume fees must be received between the first & tenth of each month, except May tuition which is due by May 5th.
- I understand a \$20.00 late fee will be charged for any account received after the 10th of each month in which it is due. If this past due amount is not received by the first of the next month an additional \$20.00 will be charged, etc.
- I understand there will be a \$35.00 charge for returned checks.
- I understand that registration fees and last month tuition are non-refundable.
- I understand all class make-up policies.
- I will notify the office on, or before November 1st if the student is not able to participate in the recital, so a costume will not be ordered.
- I understand that if the student leaves a particular class or the studio after November 1st I will remain responsible for payment of the costume(s), and any tuition up to that date of notification.
- Students will receive costumes in the Spring, provided all fees, up to and including that month's tuition are paid.
- I understand here are no refunds or returns on costumes.
- I understand that if the student drops class(es) on, or after January 1st, I will be responsible for the payments due through the end of the season.
- I understand the student will not be allowed to participate in any rehearsals and/or any performance/recital if the account is not paid in full prior to the event.
- I also give permission for the above student to be photographed/recorded for publicity or advertising use.

Parent/Guardian Signature Date