

2016-2017 REGISTRATION for FALL CLASSES

PLEASE READ AND COMPLETE BOTH SIDES OF THIS FORM:

How did you hear about our studio? _____

Student: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

DOB: ____/____/____ Age: ____ F ____ M ____ Grade in School Fall 2016: _____

Student's e-mail (if applicable): _____ Name of School: _____

Student cell phone (if applicable) _____

IMPORTANT PARENT INFORMATION:*** *Please note we will be communicating and **distributing important information via e-mail** such as scheduling info, forms, reminders, etc. Please write the e-mail address of the **adult** that this information should be sent to, as the Contact e-mail. The **contact e-mail** and the **contact name** should be for the same individual. Due to the number of students we have enrolled, we are **ONLY ABLE** to issue **ONE SET** of papers - to be given to the contact name. (This includes schedule info and all recital information). Please make any necessary copies and coordinate distribution of appropriate paperwork and info to all other parties.*

Contact Name: _____ Relationship to Student: _____		
Home Phone: _____	Work Phone: _____	Cell Phone: _____
Contact e-mail: _____		

Contact Name: _____ Relationship to Student: _____		
Home Phone: _____	Work Phone: _____	Cell Phone: _____
e-mail: _____		

Contact Name: _____ Relationship to Student: _____		
Home Phone: _____	Work Phone: _____	Cell Phone: _____
e-mail: _____		

Please list other students (past or present) to be on the same family account:

If FAXING or EMAILING Please list class or classes here

_____ New and Returning Students	\$30	annual registration fee (non-refundable)
	\$50	deposit
	\$80	Total Due at the time of Registration

_____ I was a new student this Summer and paid my annual registration fee at that time:

\$50 Deposit due at the time of Registration.

Please complete the reverse side of the form

Please read and sign:

Liability Release Form

In consideration of receiving dance instruction including special classes in tumbling, hip hop, lyrical, etc....and other good and valuable consideration, hereby release and forever discharge the said Betty Johnson School of Dance, Inc DBA Bender Performing Arts (Betty Johnson Neal, Kevin and Meri Bender and all other instructors) their assistants, agents, servants and/or employees and their families, of any and all claims for damage or damages of any kind, nature or description; more particularly which may grow out of receiving dance instruction or participation in dance classes or other physical exercise or movement. You must further release Betty Johnson School of Dance, Inc. DBA Bender Performing Arts (Betty Johnson Neal, Kevin and Meri Bender and all instructors) from any and all demands, claims, causes of action, suits or liabilities whatsoever, of every name and nature, both in law or in equity; more especially on account of participation in classes taken at Betty Johnson School of Dance, Inc. DBA Bender Performing Arts..

DATE _____ **SIGNATURE** _____

Signature required of Student (if over 18) or of Parent/or Legal Guardian (under 18)

For Office Use ONLY:

Date _____

Cash: _____

Reg. Fee _____

Check #: _____

Tuition: _____

CCTran#: _____

Total: _____

Bender Performing Arts

Studio Policies (please fill out one per family)

Student(s) Name(s) _____

"Please read and initial below, indicating that you understand and agree to the following:"

_____ The cost of lessons (dance, music, or theater) is **based on a yearly tuition**. Payment can either be made for the year in full or be divided into nine equal payments for August through April and then a 1.5 payment for May (payable the first of May). If you have classes that fall on Labor Day, Halloween, or Memorial Day make-ups may be made.

_____ If a student misses a class, he/she may do an appropriate **make-up** class any time during the dance year, prior to the end of the session in June. Credit is not given for absences.

_____ If a student is going to be **late to class**, please call the front desk and they will attempt to get word to the teacher. If a student is going to be **more than 10 minutes late** their admittance to class is **at the discretion of the teacher**. The teacher will take into consideration whether or not the class is already warmed-up and if it would be unsafe for the late dancer to just join class and also determine how disruptive the late arrival would be to the rest of the class. If a teacher determines the student is unable to attend class, make-ups may be made.

_____ If a student finds it necessary to drop a class, **please notify the front desk**. If a student needs to withdraw from all classes, a withdrawal form must be completed, as tuition will continue to accumulate until the Withdrawal Form has been completed and signed. **The changes become effective the first of the following month.**

_____ We do enforce a **DRESS CODE**. To "look like a dancer" encourages one to conduct oneself like a dancer. Students not dressed according to the dress code **will not be permitted to take class**. Make-ups can be done for missed classes. Please check the dress code(s) for your dancer's class(es).

_____ **Betty Johnson School of Dance, Inc. DBA Bender Performing Arts and/or Dance Motion Performing Company and/or AEDI** is hereby granted permission to take photographs of students for use in brochures, web sites, posters, advertisements and other promotional materials created by the school and/or performing company. Permission is also hereby granted for the school and/or performing company to copyright such photographs in its name.

Please check yes or no below AND initial, indicating you read the following:

_____ We are sometimes approached by students requesting medication for a headache, or other minor ailments. Do we have permission to dispense the following medication to your student, per the manufacturer dosage recommendation?

Child's Name: _____	Tylenol: Yes _____ No _____	Advil: Yes _____ No _____
Child's Name: _____	Tylenol: Yes _____ No _____	Advil: Yes _____ No _____
Child's Name: _____	Tylenol: Yes _____ No _____	Advil: Yes _____ No _____
Child's Name: _____	Tylenol: Yes _____ No _____	Advil: Yes _____ No _____

Tuition Policy:

_____ **TUITION** is payable in advance, on a monthly basis, if not for the year in full. **All accounts are required to have a credit or debit card on file.** Monthly tuition will **automatically** be charged to that card, on the first of each month, **unless tuition has been paid by the 25th of the prior month.** (If a cash, check or credit card payment has been processed by the 25th of the prior month the credit card on file will not be charged for that month. If a payment is turned in between the 25th and the first, the payment will be **applied to the next month's tuition.** We **do not send statements** and a **late fee of \$20** will be charged if, **for any reason** tuition is not paid by the 10th of the month. Once a student becomes inactive the card will no longer be charged. (See the Withdrawal policy above for clarification).

Please record the debit or credit card information below:

Name on Card _____ Visa _____ MC _____ Discover _____ AMEX _____

Card Number: _____ - _____ - _____ - _____
Exp. Date: _____ V-Code _____

Card Billing Address:

City: _____, State: _____ Zip: _____ "

Signature of Card Holder: _____