



Student Information

(1) Student's Name: _____ Date of Birth (MM/DD/YYYY): ____/____/____

(2) Student's Name: _____ Date of Birth (MM/DD/YYYY): ____/____/____

Mailing Address: _____

Parent/ Guardian Name: _____

Phone Number: _____ Primary Email Address: _____

Emergency Contact Name: _____

Phone Number: _____ Primary Email Address: _____

Classes

Student (1) Unlimited (circle)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Student (2) Unlimited (circle)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Discounts applied	2- 3 Classes = 5%	4-6 Classes = 10%	7+ Classes = 15%
Office Use			

To cover the costs of administration, insurance and music licensing an annual fee for registration must be paid with the return of a registration form, once per year.

(Please initial)

Student (1) Registration Fee: \$40 ____

Student (2) Registration Fee: \$20 ____

Student (1) T-shirt Size: ____

Student (2) T-shirt Size: ____

Medical

Allergies: [Yes / No]

If yes please provide detail:

Will your child require any special medical attention during a normal class:

[Yes / No]

If yes please provide detail:

Fees and Payment

Would you like to arrange a time to set up a payment plan for term fees?

[Yes / No]

Policy Acceptance

I/We have read and understand the DancePointe Studios policies and payment obligations. I/We understand the dress code, dance schedule and attendance policy. I/We understand our property is my/our responsibility.

Signed: _____ Date: ____/____/____

Media Release

I/We understand photos and videos of the child may be taken in some classes. I/We give permission for this footage to be used for the studios purpose such as advertising and social media.

I/We **do** give media rights permission:

Name: _____ Signed: _____ Date: ____/____/____

I/We **do not** give media rights permission

Name: _____ Signed: _____ Date: ____/____/____