



Registration Form

Referred By: _____

Rev. 6/8/15

Student Name: _____

Birth date: _____ School Name _____ Grade _____

Medical Info/Health Concerns: _____

Parent /Guardian Name: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Home Phone Number (____) _____ Email _____

Cell Phone Number (____) _____ Work Phone Number (____) _____

Emergency Contact Name _____

Relation to Student _____ Phone Number (____) _____

Medical Release

In the event you are unable to reach me, in the case of an accident or injury, I give my permission for treatment as deemed necessary by staff and/or emergency response personnel. I also release Elite Academy of Dance, Inc. and its staff of liability in case of injury or accident incurred to:

Student's Name: _____

Parent/Guardian initials indicating acceptance of this Medical

Release: _____

Classes Enrolled in

<u>Class Name</u>	<u>Level</u>	<u>Day</u>	<u>Time</u>	<u>Class Fee</u>

Total Monthly Class Fee Due: \$ _____

For Office use Only: Paid by ____ **Cash** ____ **Check** ____ **Check #** ____ **Credit Card**

Class Fees

There is a \$50.00 non-refundable registration fee for the school year, payable at the time of registration.

Class fees are due at the first class of each calendar month.

A 10% late fee will be applied to accounts not paid by the 15th of the month.

Class fees may be paid by the following methods: cash, money order, check or credit/debit card (Visa, MasterCard).

Checks should be made payable to Elite Academy of Dance, Inc., and include your student's full name in the memo section of the check.

The bank charge for a returned check will be charged to the parent/guardian at cost, and the parent/guardian agrees to pay such charges.

Parent/Guardian's initials indicating acceptance of such charges: _____

Class fees remain the same regardless of absences and whether it is a long five-week month or a short, three-week month. Class fees are **per month – not per class!**

No partial month refunds will be issued.

Class Changes

When dropping or adding a class at any time during the year, a drop-add form must be completed and submitted to the Director for approval. Not showing up for class does not constitute a withdrawal from class. Accounts will continue to be charged for class fees until the drop-add form has been completed.

Insurance

Elite Academy of Dance Inc. does not carry medical insurance for its students. It is required that all students be covered by their own family's insurance policies; and, if an injury occurs, it is understood that the student's family's policy is your only source of reimbursement.

Parent/Guardian's initials indicating acceptance of this: _____

School Closure

Elite academy of Dance, Inc. follows the Moore County School schedule for holidays, breaks, and closure due to inclement weather.

Photo Release

By initialing below Parents/Guardian authorizes without compensation, the Elite Academy of Dance Inc. to take photographs/video of students for use in brochures, websites, posters, advertisements, and other promotional materials the school creates.

Parent/Guardian's initials indicating acceptance of this: _____

Recital

There will be a separate costume fee for the June recital.

Broadway Babies, Rising Stars, Petites, and Juniors \$75.00 per costume

Teens and Seniors \$80.00 per costume

Payment for recital costume/s is due ½ by October 15th and remainder by Nov 16th of the school year.

Costumes, once accepted, become the property of the student.

Studio Information and Policies

I have read all furnished information and policies, including information on monthly fees, insurance, bad weather/holiday policies, and dress code. I fully understand and agree to abide by these policies.

Parent/Guardian Signature _____

Printed name _____ Date _____