



Pre-Registration Form

Today's Date: _____ Student Number: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ Zip: _____

Home Phone #: _____ Age: _____

Birthdate: _____ Grade (as of Aug): _____ School: _____

Mother's Name: _____ Cell #: _____

Father's Name: _____ Cell #: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Email Address: _____

Registration Fee: \$ _____ Monthly Tuition: \$ _____

Please circle classes desired:

Tap/Ballet Combo 1 hour (3 years old through kindergarten) Tap/Ballet/Jazz Combo 1.25 hour (kinder only)

Tap Jazz Ballet Pointe Hip-hop Drill Team Company Creative Movement (2 1/2 yr old)

Please list days that WILL NOT work in your schedule (Mon-Fri): _____

Are you looking for morning classes or afternoon classes? Morning Afternoon

If you answered afternoon, when is the earliest you could be here? _____

List 2 friend requests: _____

Please complete the backside of this form.

Office Use Only

Cash: \$ _____ Receipt #: _____ Check: \$ _____ Check #: _____ Check Name: _____

Credit Card Type: _____ Amount\$: _____ Receipt #: _____ Initial: _____



Enrollment Agreement

Student's Name: _____

Name of Parent/Legal Guardian: _____

I, the undersigned parent or legal guardian of the above listed student, understand that my signature on this document constitutes acceptance of the following conditions of my child's enrollment at Memorial Dance Center.

DISCOUNT POLICY

The above listed student's regular monthly tuition rate is \$_____ per month. If I pay the tuition in full BEFORE, not on, the first day of the month for which tuition is due AND my account shows a zero balance, I am entitled to the discounted rate of \$_____. Furthermore, I understand that if my account shows a balance due on the first day of any month, I am NOT entitled to a discount for that month for any reason.

TERMINATION OF ENROLLMENT

I understand that if I wish to terminate the above listed student's enrollment at Memorial Dance Center, I must sign a "Termination of Enrollment" form and return it to the Memorial Dance Center office, which will relieve me of my tuition liability for the subsequent months AFTER I sign the form. Tuition is based on enrollment, not attendance. My tuition liability ceases effective the first day of the next month after I sign a "Termination of Enrollment" form. In addition, my child's enrollment will be terminated by Memorial Dance Center if my child misses 4 consecutive classes without prior notice to the office of absences. I will be responsible for any and all tuition up to the date that my child's enrollment is terminated.

PHOTO RELEASE

I, (parent's name, please print) _____, give Memorial Dance Center the absolute right and permission to use my [] son's [] daughter's photograph(s) in its promotional materials and publicity efforts. I understand that the photograph(s) may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, CD-ROM, Internet, World Wide Web), or other form of promotion. I release Memorial Dance Center, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. Additionally, I will make no monetary or other claim against Memorial Dance Center for the use of the photograph(s)/video.

AUTHORIZATION OF EMERGENCY MEDICAL CARE

I hereby authorize the staff and director, representing Memorial Dance Center, to give consent for any and all necessary emergency medical care for my child, _____, while said child is in the custody of Memorial Dance Center personnel. I also hold Memorial Dance Center or any other Memorial Dance Center personnel harmless in such an event. Pertinent medical conditions my child has are:

Signature of Parent or Legal Guardian

Date