



2017 Registration Form

Memorial Dance Center
9392 Gaylor
Houston, TX 77024
713-468-5700

Today's Date: _____ Student # (office use only) _____

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: _____

Student's email (ages 14+): _____

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

*Registration fees & August tuition are no-refundable. Please circle classes desired:

A.M. Classes: Creative Movement (2 ½ year old) 3&4 year old Ballet/Tap

P.M. Classes: 3&4 year old Bal/Tap 4&5 year old Bal/Tap (pre-K) 5&6 year old Bal/Tap/Jazz (Kinder)

Ages 1st grade & older: Jazz Ballet Tap Hip-Hop Contemporary (4th grade+)

Drill Team (HS only) Company

List 3 friends you would like to dance with (first & last names): _____

What day(s) will NOT work in your schedule? Monday Tuesday Wednesday Thursday

How early could you begin class (pre-school/lower school students): 2:30pm 3:00pm 3:30pm 4:00pm

Please complete the backside of this form.

For 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. I acknowledge that the tuition is based on enrollment and not on attendance. My tuition liability ceases effective the first day of the month following receipt of the signed "Termination of Enrollment" form by the Memorial Dance Center office. 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. I will be responsible for any and all tuition up to the date 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 of my child are:

Signature of Parent or Legal Guardian

Date