

Student's Full Name: _____

Date of Birth: _____ Age: _____ School Grade: _____

Address: _____ City: _____ Zip: _____

Guardian Name: _____ Ph. # _____

Guardian Email address (Required) _____

Emergency Contact _____ Ph. # _____

Credit Card#: _____ Expiration date: ____/____/____ CVV: _____

School: _____ Pick-up: Yes | No Volunteer Program (circle one): Yes | No

How did you hear about us? _____ Returning Student? _____



Vision
DANCE COMPANY
2019/20

- I hereby register my child in the 2018-19 Vision Dance Company.
- I agree to pay the annual registration fee of \$35.00 per year. Registration will be renewed in August of each year. _____
- I agree that Vision Dance Company will charge my card monthly for my child's dance tuition/ after-school. _____
- I agree that there will be no credits or refunds given for any missed classes. _____
- In the event of a regular scheduled class being cancelled by Vision Dance Company for a reason other than scheduled holiday, a make-up class will be scheduled in the following 30 calendar days. If a student does not attend the make-up class, no additional make-up classes will be scheduled or due. _____
- Monthly tuition will not be prorated for holiday closures. The studio will be closed on the following events: _____

Independence Day

Labor Day

Thanksgiving Break

Christmas Break

Martin Luther King Day

After-school Program/Dance Company

- I understand that monthly payment is due on the 1st to the 10th of each month. If paid after the 10th, there will be a \$25 late fee added. _____
- I understand May/June payment MUST be paid with the May monthly payment as June is prorated. Should payment not be made, my child will not be picked up for after-care. _____
- I understand if my check or automatic payment is returned unpaid by the bank, I agree to pay a \$35 fee in addition to the amount of the draft or check. I agree that this fee is paid in cash to the front office _____
- I understand that Vision Dance Company closes at varying hours, so it is my responsibility to note my child's class schedule and pick up my child accordingly. _____
- There will be a charge of \$1.00 per minute, after the 10minute grace period, if I am late to pick up my child. This charge will be paid in cash on the day and at the time of pick up _____

Dance Company

- If I withdraw my child from classes for non-medical reason, I must re-register my child if I wish my child to continue with the company _____
- I understand that costume and activity fees are non-refundable under any circumstance. _____
- I understand that the activity fee is due with registration. _____
- I understand that the costume fee will be divided into 2 installments (Oct. & Dec.) and is per dance/activity performed at annual spring show. _____
- I understand that for my child to participate in the company's activities, I (parent/guardian) must sell 10 or more tickets for each performance. _____

- I understand that if I withdraw prior to costume delivery, I will not receive costume or be refunded the money paid _____
- I hereby release vision Dance Company and all staff officials from all claims of damages or injury suffered by the registered student in connection with their association with Vision Dance Company. _____
- I grant vision Dance Company the right to take photographs of listed student and use them for such purposes as publicity and advertisement. _____

Competition

- I agree that I am responsible for all competition fees, costumes, transportation, food, and accommodation at regional and national level. _____
- I agree to purchase company jacket and other company uniform for competition. _____
- I agree that my child can perform in the regional competition and not in the national competition due to lack of performance standard. _____

Sponsorship Program

- I understand that for me to receive full benefit of the volunteer program, I must attend all games that I signed to attend. _____
- I understand that if I do not attend assigned games, I forfeit my volunteer program and resume paying full tuition for my child immediately. _____
- I understand that if my child is a member of the company team, my child must attend practice for 2 hours or more on assigned day and I must adhere to rules governing company preparation for performances. _____
- I understand that for my child to be a part of Vision Dance Company, I will abide by the rule and conduct governing the studio. _____

Parent/Guardian Signature

Date

T-shirt Size: _____ | **Registration Fee: \$35** _____ | **Monthly Payment: \$** _____

DANCE ATTIRE

Ballet and Tap

Leotard, stockings, and ballet/tap shoes

Hip-Hop, Cheerleading, Jazz, and Tumbling

Leotard or tank top, shorts or leggings, and sneakers or barefoot. **NO SOCKS!**