

CONSERVATORY OF DANCE

SUMMER REGISTRATION FORM 2021

ACCOUNT INFORMATION

Input:

Initials:

PARENT: Returning Family please check this box and only fill out sections that have changed.

First Name: _____ Address: _____

Last Name: _____ City, State, Zip: _____

 Mother Father Grandparent

Home Phone: _____ Cell: _____

Employer: _____

E-mail: _____

STUDENT INFORMATION

First Name	Last Name	Male / Female	Birth Date
1. _____	_____	M / F	____ / ____ / ____
2. _____	_____	M / F	____ / ____ / ____
3. _____	_____	M / F	____ / ____ / ____

EMERGENCY CONTACT (If different from above)

Name: _____ Phone: _____ Relationship: _____

"HOW DID YOU FIND OUT ABOUT CONSERVATORY OF DANCE?"

 FRIEND NEWSPAPER WEBSITE MAILING OTHER _____

SIGNATURE REQUIRED *By signing this form, I acknowledge the Conservatory of Dance policies and will abide by them.*

SIGNATURE: _____ DATE: ____ / ____ / ____

Please read and initial below, indicating that you understand and agree to the following:

_____ Registration/Tuition Fees: June tuition will be charged June 1st and July tuition will be charged July 1st.

_____ Photographs: Conservatory of Dance is hereby granted permission to take photographs of students to use in brochures, websites, posters, advertisements and other promotional materials created by the school. Permission is also hereby granted for the school to copyright such photographs in its name.

_____ Withdrawing a Student: Should it become necessary to discontinue classes for any reason, a phone call or email must be made prior to the 1st of the month in which the student will no longer be taking classes. Otherwise, tuition charges will continue to incur, regardless of attendance. I understand that this is the procedure I need to follow in order to withdraw my child from class.

_____ As a parent or legal guardian of the student registering on this form, I give permission for this student to participate in dance classes and performances with Conservatory of Dance. In consideration of receiving dance instruction including special classes in ballet, tap, jazz, hip-hop, pom, lyrical, musical theatre, etc., I release Conservatory of Dance and its owners, instructors and employees of any and all claims for damage of any kind which may grow out of receiving dance instruction or participation in dance classes or performances. I further release and agree to indemnify and hold harmless Conservatory of Dance and its owners, instructors and employees from any demands, claims or causes of action, suits or liabilities as a result of participation in dance instruction, classes or performances.

Please check YES or NO below AND initial, indicating you read the following (students over the age of 12 yrs):

_____ We are sometimes approached by students requesting medication for a headache or other minor ailments.
Do we have permission to dispense medication to your student, per the manufacturer's recommended dosage?

Tylenol: Yes ____ No ____ Ibuprofen: Yes ____ No ____

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REGISTRATION INFORMATION *Multiple Week/Sibling Discount save \$25 off each additional student.

CLASS	DATE	PRICE	DUE DATE
Musical Theatre Workshop • Week 1 • 9-4 pm	June 7-11	<input type="checkbox"/> \$250	June 1
Musical Theatre Workshop • Week 2 • 9-4 pm	June 14-18	<input type="checkbox"/> \$250	June 1
Dance Camp • Week 1 • 9-4 pm	June 21-25	<input type="checkbox"/> \$250	June 1
Princess Camp • Week 1 • 9-1 pm	June 28 - July 1	<input type="checkbox"/> \$175	June 1
		<i>Discount</i>	- \$ _____
		Total Due June 1st*	\$ _____
CLASS	DATE	PRICE	DUE DATE
Dance Camp • Week 2 • 9-4 pm	July 12-16	<input type="checkbox"/> \$250	July 1
Princess Camp • Week 2 • 9-1 pm	July 19-22	<input type="checkbox"/> \$175	July 1
Advanced Intensive • 3 Days	July 20-22	<input type="checkbox"/> \$180	July 1
		<i>Discount</i>	- \$ _____
		Total Due July 1st*	\$ _____

PAYMENT INFORMATION

AUTOMATIC PAYMENT CONSENT FORM

CARD HOLDER'S INFORMATION

FIRST NAME: _____ MIDDLE INITIAL: ____ LAST NAME: _____

STUDENT'S NAME (First & Last): _____

CARD #: _____ EXP: ____ / ____ CVN: _____

I hereby authorize Conservatory of Dance to charge my account the tuition amount of \$ _____ on the June 15th.

I hereby authorize Conservatory of Dance to charge my account the tuition amount of \$ _____ on the July 1st.

Print Name: _____ Signature: _____

Date: ____ / ____ / ____

By signing above, I acknowledge that I have read, and understand and agree to Conservatory of Dance's Automatic Payment Consent Form.