



### STUDENT REGISTRATION FORM

Parent 1: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Parent 2: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Complete Mailing Address: \_\_\_\_\_

Student Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_  
Student Cell: \_\_\_\_\_ Student Email: \_\_\_\_\_  
School: \_\_\_\_\_ School Phone: \_\_\_\_\_ Grade: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Allergies/Medical Conditions and/or Medications: \_\_\_\_\_  
Primary Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Insurance Provider: \_\_\_\_\_ Member ID: \_\_\_\_\_ Group #: \_\_\_\_\_

Registered Family Members: \_\_\_\_\_ How Did You Hear About Us?: \_\_\_\_\_

Year: \_\_\_\_\_

Class/Program Name	Day/Time/Date	Weekly Hours	Fall	Spring	Full	Summer	Costume Deposit
1. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Weekly Hours: \_\_\_\_\_ Total Costume Deposits: \_\_\_\_\_

#### REGULAR SEASON CLASSES (Sept-June)

Registration Fee: \_\_\_\_\_ + First Tuition Payment \_\_\_\_\_ - Applicable Discount \_\_\_\_\_ = Sub Total: \_\_\_\_\_  
(\$15 per student, \$30 maximum per family) (Monthly/Semester/In-Full)

\$30 costume deposit x \_\_\_\_\_ Classes = Costume Deposits: \_\_\_\_\_  
(Due at time of Registration for Full Season Classes Only)

Payment Plan (circle one): Monthly Charge Semester In-Full Season In-Full **Amount Due Now:** \_\_\_\_\_

A minimum down payment of Registration Fee and First Month's Tuition due at time of registration to secure placement in Regular Season classes.

#### SUMMER SEASON PROGRAMS

Intensives: \_\_\_\_\_ + Workshops/Master Classes: \_\_\_\_\_ - Applicable Discounts: \_\_\_\_\_  
= Grand Total: \_\_\_\_\_

Amount Paid Now: \_\_\_\_\_ Balance Due: \_\_\_\_\_

#### OFFICE USE ONLY

Dance Studio-Pro: Entered (Date): \_\_\_\_\_ By: \_\_\_\_\_ | Quickbooks: Entered (Date): \_\_\_\_\_ By: \_\_\_\_\_



## Debit/Credit Card Authorizations

**ACCURATE CARD INFO MUST BE KEPT ON FILE FOR ALL STUDENTS**

Project C Dance Collective now requires that all registered students have a valid credit or debit card on file at all times. Only initial payments, one-time drop-in or workshop/masterclass payments, or purchase of goods may be made by check. All monthly tuition payments must be made by debit/charge of the card on file. We accept Visa, Mastercard, and Discover. Authorized forms will be kept in each students' individual file in a locked cabinet and handled only by Project C staff. Upon disposal, all forms will be shredded.

**Student Name:** \_\_\_\_\_ **Card Holder Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Card Information:**

**Card Type:** \_\_\_\_\_ **Card #:** \_\_\_\_\_ **Exp:** \_\_\_\_\_ **CSC:** \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize Project C Dance Collective, LLC (hereinafter called "Company") to debit/charge the above referenced account for any amount of tuition owed to the Company for services provided according to the payment schedule for the registered. Monthly tuition debits/charges will be made between the 1<sup>st</sup> and the 5<sup>th</sup> of each month. The account may also be debited/charged for other goods and services provided with my prior consent or if a balance is overdue by 30 days. **The authorization is to remain in force until the Company has received written notification of termination in such time and in such manner as to afford the Company and/or Bank(s) a reasonable opportunity to act on it.**

In the event that the Company notifies the Bank(s) that funds transferred were not entitled to the Company, I hereby authorize and direct the Bank(s) to return said funds to the above referenced account.

**Account Holder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only:**

**Payment Type:** \_\_\_\_\_ **Amount to Be Charged Monthly:** \_\_\_\_\_ **Auth. Initials:** \_\_\_\_\_

**Entered Into Dance Studio-Pro: Date:** \_\_\_\_\_ **Initials:** \_\_\_\_\_ **Entered Into Quickbooks: Date:** \_\_\_\_\_ **Initials:** \_\_\_\_\_



## Student Policy, Release, and Waiver

### Financial Responsibility:

I understand that I am responsible for the payment of this account, and hereby assume and guarantee prompt payment of all expenses incurred according to company policy.

### Policy:

- All payments are final. Absolutely no refunds or account credits.
- Account Credits may be given with doctor's note only, and must be approved by the Director. Credits for services are non-transferable and cannot be applied to goods or merchandise.
- All registered students must have valid credit/debit card on file.
- Unpaid accounts and declined credit/debit cards will incur a 15% late fee if not resolved by the 10<sup>th</sup> of the month.
- If the credit/debit card on file is declined for 2 tuition payments in a row, dancer(s) will be excused from class, effective immediately, until the account is brought up to date.
- Only initial payments and one-time drop-in or workshop/masterclass payments may be made by check. All subsequent payments must be made by debit/charge.
- Notice of class changes must be made in writing prior to the first of the month which the changes in registration will take place. Notice received after first of the month tuition charges will not be refunded.
- Primary correspondence will be made through email.
- 10% discount for families with two or more enrolled students in the immediate family (siblings/parents)
- There is a \$50 service fee for all returned checks
- Students should report all absences prior to class and as soon as possible to the school via phone or email (email preferred for record keeping purposes).
- If a student is unable to participate in class due to illness, injury or any other reason, he/she is expected to attend and observe class. (Please use discretion as to degree of illness. We do understand that sometimes attendance during times of illness is out of the question.)
- Performing students must attend all in-studio, stage and dress rehearsals for performances. (Students will be excused for emergency situations only.)
- Two late arrivals for class or rehearsals counts as one absence. "Late Arrival" is qualified as after the teacher has commenced instruction; not to begin before scheduled start time of the class.
- Dance students arriving more than 15 minutes late may be asked to observe per teacher discretion.
- Classes that meet Once per Week: Two consecutive or four random absences from a registered class during a performance semester will result in student's revocation of ability to perform in the Annual Concert unless the dancer can demonstrate knowledge and class-level performance proficiency of class work/choreography upon return from absences.
- Classes that meet Twice per Week: Three consecutive or five random absences from a registered class during a performance semester will result in student's revocation of ability to perform in the Annual Concert unless the dancer can demonstrate knowledge and class-level performance proficiency of class work/choreography upon return from absences.

### Photo/Video Release:

I hereby give permission for images of the above registered student, captured through video, photo and digital cameras during regular and special events associated with Project C to be used solely for the purpose of Project C Dance Collective, LLC promotional material, publications, website and/or any other legitimate cause, and waive any rights of compensation or ownership thereto.

### Waiver:

I voluntarily sign this Waiver and Assumption of Risk, on behalf of the above registered student in favor of the Company, Project C Dance Collective, LLC, in consideration for the opportunity to use the Company's facilities and/or the opportunity to receive instruction from the Company's owner or the Company's Faculty members, and/or to engage in the activities sponsored by the Company, as follows: I fully understand that there are certain risks associated with the use of the facilities and activities provided by Project C Dance Collective, LLC as outlined in program information readily available at the studio and on the website. I assume these risks of my own free will. I understand that all medical/dental expenses which may arise from activity with Project C Dance Collective, LLC will be the sole responsibility of the student or student's family. I hereby authorize the Faculty and Staff members of Project C Dance Collective, LLC to act within their best judgment in my absence should an emergency situation arise which may require medical attention, and I hereby waive and release Project C Dance Collective and all of its Faculty, Staff and independent contractors from any and all liability or claims for personal injury, illness, property loss/damage or death that may arise from use of the facilities or from participation in the studio's activities or instruction. Additionally, I have no knowledge of any physical or mental impairment that would advise against or be affected by participation in activities associated with Project C Dance Collective, LLC.

**I have read, acknowledge, and agree to the above policy, release and waiver as outlined by Project C Dance Collective, LLC.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_