



Student Registration Form 2018-2019

Student's Name (First & Last): _____ DOB (if under 18): _____ Age _____

Mailing Address: _____

City/Town: _____ State: _____ Zip _____ Home phone #: _____

Mother's Name: _____ Mother Cell #: _____

Father's Name: _____ Father Cell #: _____

Name of Responsible Party: _____

E-Mail _____ E-Mail _____

School Student Attends _____ How did you hear about us? _____

Please advise us of any medical conditions that may affect the student's participation _____

Student has Insurance: yes or no _____

Agreement for Participation

I understand that dance classes may include, without limitation, dancing with props, stretching, barre work, across the floor combinations, dance routines in the center, and other related activities. I further understand that all of the activities of the dance class involve some degree of risk of strain or bodily injury. Juli Kell's Dance Center, LLC is not responsible for injury or the loss of personal property. I agree to be responsible for reading studio correspondence and respecting deadlines, if applicable. I understand the policy & procedures in the student handbook set forth by Juli Kell's Dance Center for the 2018-2019 Season. I agree to pay monthly tuition based on a ten-month cycle, with classes running from September through & including June 2019. I agree to make costume payments on Oct 1, & have my balance current & costume balance paid off by December 10, 2018. I understand that tuition is due on the 1st of every month and I will be charged a \$15 late fee if not paid by the 15th of the month. It is understood that all tuition is non-refundable and if the status of the account is not kept current (within 30 days), all class or performance participation will be revoked until the account is up to date. I understand that any images captured during class time and performances may be used to promote Juli Kell's Dance Center.

I hereby acknowledge that I have read the statements above and agree to participate accordingly.

Date: _____ Signature: _____

Please list the class(es) you wish to enroll in.

Style & Level	Day/Time	Class Length	Tuition Due
1.			
2.			
3.			
4.			
5.			

Total Class Length _____ **SUB-TOTAL:** \$ _____

6. _____ 10% Pay full Year Discount: \$ _____ ()

7. _____ **SUB-TOTAL:** \$ _____

8. _____ **Family Registration Fee:** \$ **35.00**

Private _____ **TOTAL:** \$ _____

Private _____ **Amount Paid (Min. \$35.00):** \$ _____

Balance Due: \$ _____

FOR OFFICE USE ONLY:

REGISTRATION DATE: _____

RECITAL VOLUNTEER: _____