



145 Main St, Unit E Pennsburg, PA 18073  
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julikelldance@gmail.com 267-923-5223

## Student Registration Form 2025-2026

Student's Name (First & Last): \_\_\_\_\_ DOB (if under 18): \_\_\_\_\_ Age \_\_\_\_\_  
Student's Name (First & Last): \_\_\_\_\_ DOB (if under 18): \_\_\_\_\_ Age \_\_\_\_\_  
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: \_\_\_\_\_  
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 \_\_\_\_\_  
Billing E-Mail \_\_\_\_\_ E-Mail \_\_\_\_\_  
Years Attended JKDC \_\_\_\_\_ Name on Facebook \_\_\_\_\_

### 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, loss of personal property, or illness/disease. I agree to be responsible for reading studio correspondence (which includes joining any necessary group apps) and respecting deadlines, if applicable. I understand the policy & procedures in the student handbook set forth by Juli Kell's Dance Center for the 2025-2026 Season. I agree to pay monthly tuition based on a **ten-month cycle**, September through & including June 2026. I agree to make costume deposits by Oct 1, 2025 & have my balance current & costume balance paid off by December 9, 2025. I understand that tuition is due on the 1<sup>st</sup> of every month and I will be charged a \$15 late fee if not paid by the 15<sup>th</sup> of the month. I understand that costume orders or recital ticket orders will not be released until the account is current. It is understood that all tuition is non-refundable and if the status of the account is not kept current (within 30 days), late fees will be applied and 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. Should there be a spike in illness such as Covid-19 cases, and we are forced into a Shelter in Place situation again, all classes will continue virtually. Tuition will remain the same for any amount of time spent doing virtual classes. We will resume regular classes as soon as shelter in place is lifted.

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
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Total Class Length \_\_\_\_\_ SUB-TOTAL: \$ \_\_\_\_\_

8. \_\_\_\_\_ 5% Pay full Year Discount (Cash or Check): \$ ( \_\_\_\_\_ )

9. \_\_\_\_\_ SUB-TOTAL: \$ \_\_\_\_\_

10. \_\_\_\_\_ Family Registration Fee: \$ **35.00**

Private \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

Private \_\_\_\_\_ Amount Paid (Min. \$35.00): \$ \_\_\_\_\_

Balance Due: \$ \_\_\_\_\_

### FOR OFFICE USE ONLY:

REGISTRATION DATE: \_\_\_\_\_ RECITAL VOLUNTEER \_\_\_\_\_

