



Registration Form

2017-2018

Student Name: _____

Age: _____

Date of Birth: _____

Address: _____ City, Zip: _____ Home Phone: _____

Parent/Guardian (1): _____ Relationship to Student: _____

Cell Phone #: _____ Email: _____

*Email is required and necessary for receiving billing information, weather-related closing notifications, and other important information about recital, etc.

Parent/Guardian (2): _____ Relationship to Student: _____

Cell Phone #: _____ Email: _____

Emergency Contact (If Parent/Guardian is not available): _____

Relationship to Student: _____ Phone #: _____

Student Allergies/Medical Conditions: _____

Student T-Shirt Size: _____ Student Tight Size (if not known, use pant size): _____

Class Selection (please check all that apply):

Monday:

___ 3-5 yr. Pre-Ballet (4:30-5:30)

___ 6-8 Ballet (4:30-5:30)

___ 4-5 Tap/Jazz Fusion (5:30-7:00)

___ 6-8 Tap/Jazz Fusion (5:30-7:00)

Tuesday:

___ 9-11 Tap (4:30-5:30)

___ Special Dance – scheduled as needed

___ 9-11 Ballet (5:30-6:30)

___ 12+ Hip Hop (5:30-6:30)

___ 9-11 Jazz (6:30-7:30)

___ 12+ Acro (6:30-7:30)

___ 9+ Musical Theater (7:30-8:30)

Wednesday:

___ 9-11 Hip Hop (4:30-5:30)

___ 5-8 Hip Hop (5:30-6:30)

___ 9-11 Lyrical/Liturgical (6:30-7:30)

___ 9-11 Cheer (5:30-6:30)

___ 5-8 Cheer(6:30-7:30)

Thursday:

- ___ 12+ Tap (4:30-5:30)
- ___ 12+ Ballet (5:30-6:30)
- ___ 12+ Jazz (6:30-7:30)
- ___ 12+ Lyrical/Liturgical (7:30-8:30)
- ___ 5-8 Acro (4:30-5:30)
- ___ 9-11 Acro (5:30-6:30)

Friday:

- ___ Pre-Pointe – Ages 11+ (4:30-5:30)
- ___ Pointe *must be approved to join (5:30-6:30)

Saturday:

- ___ 2 yr. Creative Movement (9:00-10:00)
- ___ 3 yr. Tap/Ballet Combo (10:00-11:00)
- ___ 4-5 Tap/Ballet Combo (11:00-12:00)

Competition Team:

- ___ Nova Mini's
- ___ Sparkle
- ___ Shine
- *Contract required**

Total Number of Classes: _____ ***Classes approved: YES / NO**

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By signing below, I agree to be held financially responsible for payment of this account and make payments per the policies of Amazin Grace Dance Studio. I understand that the registration fee, monthly fees, June payment, \$50.00 recital fee, and costume fees are non-refundable. I agree to comply with all policies stated in the *Amazin Grace Dance Studio Class Information and Studio Policies* booklet. I understand that should an account become delinquent, the student(s) may not be allowed to continue in their classes and performances.

My child and I understand that participation in dance involves potential risks. I, (the parent/guardian), assume all risks associated with participation in any dance class including but not limited to falls, contact with other persons, and any other reasonable risks associated with dance. All risk to my child/self are known and understood by me.

Parent/Guardian Signature: _____ **Date:** _____

Picture Waiver:

I give Amazin Grace Dance Studio the right to use/print images of my child(ren) for promotional use on the Amazin Grace website, Facebook page, Instagram page, other related accounts, and printed materials.

Student Name: _____

Parent/Guardian Signature: _____ **Date:** _____

For Office Use Only:

Registration Fee Paid: YES / NO
Amount pd: _____ (\$30 - individual, \$40 – family)
CASH / CHECK # _____
Received by: _____ Date: _____

September Tuition Paid: YES / NO
Amount pd: _____
CASH / CHECK # _____
Received by: _____ Date: _____