

REGISTRATION FORM

AUGUST 2009-JUNE 2010

PARTICIPANT INFORMATION				
PARTICIPANT'S NAME		DATE OF BIRTH	DATE OF REGISTRATION	
ADDRESS STREET	APT. #	CITY	STATE	ZIP
HOME PHONE	CELL PHONE		E-MAIL ADDRESS	
SCHOOL	GRADE	(STAFF ONLY) DATE FORM RECEIVED		
PARENT/GUARDIAN INFORMATION				
MOTHER'S FULL NAME		HOME PHONE	CELL PHONE	
ADDRESS STREET	APT. #	CITY	STATE	ZIP
PLACE OF EMPLOYMENT	EMPLOYMENT ADDRESS		WORK PHONE	
E-MAIL ADDRESS		CIRCLE ONE: MARRIED DIVORCED SINGLE GUARDIAN		
FATHER'S FULL NAME		HOME PHONE	CELL PHONE	
ADDRESS STREET	APT. #	CITY	STATE	ZIP
PLACE OF EMPLOYMENT	EMPLOYMENT ADDRESS		WORK PHONE	
E-MAIL ADDRESS		CIRCLE ONE: MARRIED DIVORCED SINGLE GUARDIAN		
IF PARENT/GUARDIAN CANNOT BE REACHED PLEASE CONTACT:		PHONE NUMBER	RELATIONSHIP TO PARTICIPANT:	
PAYMENT PROCEDURE				
<p>PARTICIPANT AND/OR PARENT ACKNOWLEDGE THE FINANCIAL OBLIGATIONS, POLICIES AND PROCEDURES OF STUDIO 5678. ALL CHECKS ARE TO BE MADE OUT TO; STUDIO 5-6-7-8, IN THE AMOUNT INDICATED ON 2ND PAGE. TUITION IS DUE BY THE FIRST CLASS OF EACH MONTH. IF PAYMENT IS NOT PAID BY THE 10TH OF THE MONTH, A \$10 LATE FEE WILL BE ASSESSED TO THE PARTICIPANT'S ACCOUNT. IF THE ACCOUNT IS NOT PAID IN FULL BY THE 3RD WEEK OF THE MONTH, THE STUDENT WILL BE WITHDRAWN AND FINANCIAL OBLIGATION WILL BE PAID IN FULL BEFORE THE STUDENT IS ALLOWED TO RETURN.</p>				
MEDICAL/WAIVER/RELEASE OF RESPONSIBILITY				
<p>I ACKNOWLEDGE, UNDERSTAND, AND ASSUME ALL RISKS INVOLVED IN ANY ACTIVITIES ON THE PREMISES OF STUDIO 5678, INCLUDING BUT NOT LIMITED TO DANCE/CHEER/TUMBLING/PERFORMING ARTS. I FURTHER AGREE TO HOLD HARMLESS STUDIO 5678, THE OWNERS (JULIE ASPESLET-POZAR & MICHAEL POZAR) OR STAFF TEACHERS AND/OR REAL-CAP ASSOC. (SOUTHPORT PLAZA) FROM ANY AND ALL CLAIMS, SUITS, LOSSES, OR DAMAGES OF ANY NATURE WHAT SO EVER, INCLUDING BUT NOT LIMITED TO, SUCH CLAIMS THAT MAY RESULT FROM MY CHILD'S INJURY OR DEATH, WHETHER IT BE ACCIDENTAL AS A RESULT OF NEGLIGENCE OR OTHERWISE, DURING OR ARISING IN ANY WAY FROM THE DANCE/CHEERLEADING/TUMBLING PROGRAMS. I HEREBY GRANT PERMISSION TO LICENCED HOSPITAL AND/OR STAFF MEMBERS TO ADMINISTER IMMEDIATE MEDICAL TREATMENT AS DEEMED NECESSARY TO MY CHILD SHOULD HE/SHE BE INJURED DURING ANY EVENT HE/SHE LEFT IN THE CARE OF STUDIO 5678 STAFF. FURTHER, I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF EXPENSES INCURRED RELATING TO MY CHILD'S MEDICAL TREATMENT.</p>				
PERMISSION FOR USE OF STUDENT PICTURE				
<p>I GIVE STUDIO 5-6-7-8 PERMISSION TO USE MY CHILD'S PHOTOGRAPH FOR ADVERTISING PURPOSES ON THE STUDIO WEB-SITE OR FOR PROMOTIONAL PURPOSES DESIGNED SOLELY FOR STUDIO 5-6-7-8.</p>				

REGISTRATION FORM

AUGUST 2009-JUNE 2010

CLASS ENROLLMENT AUG. 2009-JUNE 2010(PLEASE CHECK CLASS(ES) STUDENT IS REGISTERING IN:

Monday Dance Classes: ___ Jazz IV (signed off) ___ Tap IV (signed off) ___ Hip IV (signed off)
Monday Dance Classes: ___ Hip I (5-8) ___ Jazz III (11-adult) ___ Hip III (11-adult)
Monday Music Classes: ___ Beg Guitar (6-12) ___ Beg Piano (6-12) ___ Adv. Guitar (signed off)
Tuesday Dance Classes: ___ Ballet V (signed off) ___ Tumble III (13-18) ___ Tumble I (6-10)
Tuesday Dance Classes: ___ Tap II (8-10) ___ Jazz II (8-10) ___ Competition Line
Tuesday Music Classes: ___ Int/Adv Guitar (10-adult) ___ Int/Adv Piano (10-adult)
Wednesday Dance Classes: ___ Tap I (6-7) ___ Hip I/II (7-9) ___ Hip II (8-10) ___ Acro I (6-10)
Wednesday Dance Classes: ___ Jazz I (5-7) ___ Pre Tumble (3-6) ___ BIV+Pointe (signed off)
Wednesday Dance Classes: ___ Ballet I (6-8) ___ Ballet III (11-adult) ___ Tap III (11-adult)
Thursday Dance Classes: ___ Rhy Gym (6-18) ___ Ballet I/II (6-10) ___ Acro II (11-18) ___ Tumble II (8-12)
Thursday Dance Classes: ___ Baton I (5-10) ___ Intro B/T II (4-5) ___ Ballet II/III (8-12) ___ Lyrical (11-18)
Friday Dance Classes: ___ Baton II (11-18) ___ Pre-Ballet (2-3) ___ Pointe (signed off) ___ Sr. SQUAD
Friday Dance Classes: ___ Break CREW ___ Break I (6-11) ___ Break II (12-adult)
Saturday Dance Classes: ___ Competition Line ___ Lyrical (6-10) ___ Contemporary (11-18) ___ Pee/Jr SQUAD
Saturday Dance Classes: ___ Intro B/T I (4-5) ___ Pee Wee Cheer (4-6) ___ Cheer/Stunt (6-12)
Saturday Music Classes: ___ Beg. Drums (6-12) ___ Int/Adv Drums (10-adult) ___ MusicalTheatre/Vocal (6-18)

___ STUDIO KID (Ages 5-adult) Unlimited Classes in: Ballet, Tap, Jazz, Hip-Hop
 ___ Break-dance + CREW
 ___ Pee/JR SQUAD (Ages 6-10) Unlimited Classes in: Ballet, Tap, Jazz, Cheer, Hip-Hop, Lyrical, SQUAD class
 ___ SR SQUAD (Ages 11-18) Unlimited Classes in: Ballet, Tap, Jazz, Contemporary, Hip-Hop, Lyrical, SQUAD class
 ___ COMPETITION LINE (audition) Unlimited Classes in: Ballet, Tap, Jazz, Cheer(6-10)/Contemporary(11-18), Hip-Hop
 Lyrical, Tumbling + 1 choice specialty class,all competition line classes, SQUAD class

REGISTRATION FEE: (\$25 Registration fee) \$25 Registration Fee _____

DISCOUNTS (CHECK IF APPLIES TO PARTICIPANT)

COMBO CLASS (1 STUDENTS ENROLLED IN 2 OR MORE CLASSES A WEEK):	*10% DISCOUNT	_____
FAMILY RATE (3 OR MORE FAMILY MEMBERS ENROLLED):	*15% DISCOUNT	_____
STUDIO KID	*\$110 A MONTH	_____
STUDIO KID/SQUAD/COMPETITION SPECIALTY RATE CLASS:	* \$19 A MONTH PER CLASS	_____
STUDIOKID/SQUAD/COMPETITION MUSIC DISCOUNT RATE CLAS	* \$20 A MONTH PER CLASS	_____
Break-dance + CREW :	* \$50 A MONTH PER	_____
PEE WEE, JUNIOR, SENIOR PERFORMING SQUAD :	* \$150 A MONTH PER	_____
COMPETITON LINE	* \$175 A MONTH PER	_____

(All discounts are rounded to the nearest dollar)	TOTAL MONTHLY TUITION: \$ _____
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BEHAVIOR, CONDUCT AND POLICIES

ONCE PARTICIPANT IS ENROLLED, YOU WILL RECEIVE A FOLDER WITH IMPORTANT INFORMATION REGARDING BEHAVIOR, CONDUCT AND INSTRUCTOR POLICIES FOR CLASS. PLEASE READ THIS INFORMATION WITH THE STUDENT AND GO OVER ALL THE POLICIES FOR STUDIO 5678.

PARENT SIGNATURE REQUIRED BEFORE REGISTRATION IS COMPLETE

I HAVE READ ALL THE POLICIES GIVEN BY STUDIO 5-6-7-8. I AGREE TO THE PAYMENT PROCEDURE, THE MEDICAL/WAIVER RELEASE OF RESPONSIBILITY, THE PERMISSION FOR USE OF MY CHID'S PICTURE FOR PROMOTIONAL PURPOSES AND THE BEHAVIOR AND CONDUCT POLICIES THAT ARE STATED IN THE FOLDER OF INFORMAITON THAT I RECEIVED AT TIME OF REGISTRATION.

PARENT/GUARDIAN SIGNATURE: (I AGREE TO ALL THE ABOVE INFORMATION)	DATE:
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