

## 2009/2010 PROGRAM REGISTRATION

1<sup>st</sup> PARENT/GUARDIAN'S NAME \_\_\_\_\_

2<sup>nd</sup> PARENT/GUARDIAN'S NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ ALT PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

	DANCER'S NAME	BIRTHDATE	GRADE ('09-10)	DANCE BEFORE?	IF YES, WHERE?	HOW LONG?
1.				Y N		
2.				Y N		
3.				Y N		

**PLEASE MARK WHAT PROGRAMS YOU WOULD LIKE TO ENROLL IN** (place a check in the numbered column corresponding to the number with the Dancer's name above):

1	2	3	Class Description	Time	Unit cost	Total Cost	1	2	3	Class Description	Time	Unit cost	Total Cost
<b>Monday</b>							<b>Wednesday</b>						
			5-6 Jazz	4:30-5:30	\$29/mo.	\$				2-3 Pre-Dance	5:00-5:30	\$29/mo.	\$
			5-6 Acro/Gym	5:00-5:30	\$29/mo.	\$				5-6 Tap	5:00-5:30	\$29/mo.	\$
			5-6 Ballet	5:30-6:00	\$29/mo.	\$				5-6 Ballet	5:30-6:15	\$43/mo.	\$
			5-6 Tap	6:00-6:30	\$29/mo.	\$				7-10 Hip Hop *	5:30-6:15	\$43/mo.	\$
			7-8 Int Ballet	5:30-6:15	\$43/mo.	\$				7-10 Acro/Gym *	6:15-7:00	\$43/mo.	\$
			7-8 Int Jazz *	6:15-7:00	\$43/mo.	\$				12-17 Adv Jazz	7:30-8:15	\$43/mo.	\$
			7-8 Int Acro/Gym *	7:00-7:45	\$43/mo.	\$				12-17 Adv Jumps/Turns	8:15-8:45	\$30/mo.	\$
			7-9 Int Tap	6:30-7:15	\$43/mo.	\$				12-17 Adv Acro/Gym	8:45-9:30	\$43/mo.	\$
			BH/BT/Side Aerials *	6:15-7:00	\$43/mo.	\$				Lyrical Production	6:30-7:30	\$29/mo.	\$
			12-17 Adv Lyrical	7:15-8:15	\$58/mo.	\$	<b>Thursday</b>						
<b>Tuesday</b>										3-4 Tap	5:15-5:45	\$29/mo.	\$
			3-4 Tap	5:00-5:30	\$29/mo.	\$				3-4 Ballet	5:45-6:15	\$29/mo.	\$
			3-4 Ballet	5:45-6:15	\$29/mo.	\$				3-5 Acro/Gym	6:15-7:00	\$43/mo.	\$
			3-4 Acro/Gym	6:15-6:45	\$29/mo.	\$				4-5 Ballet	7:00-7:30	\$29/mo.	\$
			5-6 Pre-Hip Hop *	5:15-5:45	\$29/mo.	\$				4-5 Tap	7:30-8:00	\$29/mo.	\$
			5-6 Acro/Gym *	5:45-6:15	\$29/mo.	\$				8-10 Adv Jazz	4:30-5:15	\$43/mo.	\$
			5-6 Ballet	6:15-6:45	\$29/mo.	\$				8-10 Adv Acro/Gym	5:15-6:15	\$58/mo.	\$
			5-6 Tap	6:45-7:15	\$29/mo.	\$				12-17 Adv Tap	6:15-7:00	\$43/mo.	\$
			8-10 Adv Ballet	4:30-5:30	\$58/mo.	\$				12-17 Adv Ballet	7:00-8:30	\$86/mo.	\$
			8-10 Int Tap	6:00-6:45	\$43/mo.	\$				12-17 Adv Pointe	8:40-9:25	\$43/mo.	\$
			Cheer Dance *	7:00-8:30	\$45/mo.	\$	<b>Saturday</b>						
<i>All classes marked with an * fulfill the required cheer dance preparation classes.</i>										3-6 Tap	10:30-11:00	\$29/mo.	\$
<b>Private Lessons</b>										3-6 Ballet	11:00-11:30	\$29/mo.	\$
			30 Min. Private Lesson	TBD	\$25/lesson	\$				3-6 Acro/Gym	11:30-12:00	\$29/mo.	\$
<b>Column Subtotal</b>							<b>Column Subtotal</b>						
<b>\$</b>							<b>\$</b>						
<ul style="list-style-type: none"> <li>▪ <b>A MULTIPLE CLASS DISCOUNT of 10% IS AVAILABLE TO EACH STUDENT WHO ENROLLS FOR TWO OR MORE CLASSES.</b></li> <li>▪ <b>A FAMILY DISCOUNT of 5% IS AVAILABLE TO EACH FAMILY WHO HAS TWO OR MORE CHILDREN ENROLLED IN CLASSES.</b></li> </ul>							Subtotal		\$				
							Multiple Class Discount		\$ (      )				
							Family Discount		\$ (      )				
							MONTHLY TUITION SUBTOTAL		\$				
							Registration Fee		\$				
<b>1<sup>st</sup> PAYMENT TOTAL</b>							<b>\$</b>						

**NOTES**

**TUITION POLICY** Please read and initialize each of the line items below.

- \_\_\_1. There is an annual non-refundable/non-transferrable registration fee per child (\$20/1<sup>st</sup> child, \$10/2<sup>nd</sup>, & \$5/3<sup>rd</sup>).
- \_\_\_2. The school year runs ten months beginning in September and ending in June.
- \_\_\_3. Tuition is calculated for the entire school year and divided into 10 equal monthly payments. All classes receive the same number of lessons throughout the school year.
- \_\_\_4. Full tuition is due each month regardless of absence or the number of weeks in a month. There are no refunds or adjustments for absences.
- \_\_\_5. Pro-rating is not permitted except for new students registering mid-month.
- \_\_\_6. Full tuition payment is due on or before the first class of each month. Payments may be made in person or by mail. We accept cash, credit (Visa/MasterCard/Discover/American Express), or check payable to *THE ELITE SCHOOL OF DANCE BY ELENA*.
- \_\_\_7. A \$5.00 late fee will be automatically assessed if payment is not received by the 15th of the month.
- \_\_\_8. The Elite School of Dance by Elena reserves the right to refuse lessons to any student whose tuition has not been paid by the last business day of the month.
- \_\_\_9. All tuition is non-refundable and non-transferable.
- \_\_\_10. Minimum enrollment is required for each class to be held. The studio reserves the right to cancel any class not meeting the requirement. If we cancel a class due to insufficient registration, unused tuition will be refunded or transferred.
- \_\_\_11. There is a \$25.00 fee for all returned checks. If we receive two NSF checks, you will be required to pay the remainder of your tuition with cash, money order or certified check.
- \_\_\_12. Students may withdraw at any time. To withdraw, a signed written notice of withdrawal must be received seven days prior to the first of the month to avoid being charged for that month.
- \_\_\_13. If a student withdraws from The Elite School of Dance by Elena, all unused tuition is forfeited.

I, \_\_\_\_\_ agree and understand the tuition policy as described in the items above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**WAIVER AND RELEASE**

I, \_\_\_\_\_ also hereby release The Elite School of Dance by Elena and its teaching staff from any liability that may occur while participating in class, a performance or any other activity at the studio unless incurred as a result on the part of the dance studio.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL INFORMATION**

I, \_\_\_\_\_ give permission to my child/ren to participate in The Elite School of Dance by Elena and all activities involved including classes, rehearsals, performances, competitions, travel, fund raisers, etc. I also, give permission for The Elite School of Dance by Elena to administer proper care in the case of an emergency or accident. If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf,

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Health Problems \_\_\_\_\_

Medications Being Taken \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR STUDIO USE ONLY</b>			
Payment Amount:		Date Received:	
Form of Payment Cash/Check/Credit/FR:		Received by:	
Check/Receipt/Ref #:		Invoice:	