

2017-2018 Registration/Enrollment FORM

CLASSES ENROLLING / OFFICE USE ONLY

Creative Movement___ Pre-Ballet___ Ballet 1___ Ballet 2___ Ballet 3___
 Pre-pointe/Pointe___ Modern 1___ Modern 2___ Modern 3___ Boys Program___

Student INFORMATION please PRINT clearly

DATE of Application: _____

Name: _____

Last

First

M.I.

Date of Birth: ____ / ____ / ____ Age at registration: ____ Female: ____ Male: ____

Month Date Year

Grade: ____ Current School: _____

Address: _____

Street Address

City

State

Postal Code

Parent Name: _____ (print)

Email Address: _____ (print)

Mobile Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Parent Name: _____ (print)

Email Address: _____ (print)

Mobile Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Please indicate by check marking which email address is best for Primary Family Contact.

Guardian: _____ (print)

Email Address: _____ (print)

Mobile Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

EMERGENCY Contact In case of emergency, call:

Name: _____ (print)

Relationship _____ (print)

Mobile Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Multi-Family / Sibling Information

Name: _____

D/O/B: _____ M/F: _____

Age & Grade: _____

Classes (office use only): _____

Name: _____

D/O/B: _____ M/F: _____

Age & Grade: _____

Classes (office use only): _____

Name: _____

D/O/B: _____ M/F: _____

Age & Grade: _____

Classes (office use only): _____

PLEASE list health concerns, allergies and/or pre-existing injuries

NEW students, please indicate how you were referred to Mandelstam DANCE:

Mandelstam DANCE website___ Mandelstam School___ Facebook___ Instagram___ Magazine Ad___ Newspaper Ad___
 Individual (Please Name)___ Other (Please Specify)_____

PARENT OBLIGATION FORM Please READ, initial and sign.

Tuition

Tuition must be paid in FULL, each TERM, two weeks prior to the onset of classes. A **\$25** late fee will be charged on the 12th of the month, TERM A (Tuesday, September 12th), TERM B (Friday, January 12th), TERM C (Tuesday, June 12th.) An annual (non-refundable) Registration Fee will be due upon Registration. A service charge of **\$35** will be charged for all returned NSF checks. NSF checks must be replaced within 10 days. Tuition is based on \$25 a class. There are no discounts for short months due to the studio being closed. There are no discounts or refunds if a student misses classes due to illness, vacations or any other reason. NO REFUNDS will be issued for missed classes under any circumstances. NO MAKE-UP classes are available at this time due to the tight program schedule . All transactions must be completed at *Mandelstam Dance* only. All payments are final and are not refundable or transferable.

Attendance

Please ensure that your child attends their scheduled classes on a regular basis. We expect that *Mandelstam Dance* students and their families will weigh heavily their commitment to the program with the understanding that every absence affects student progress and the program as a whole. Ability to absorb class material is dependent upon consistent attendance.

Drop Off/Pick Up Policy

Parents/Guardians are responsible for dropping their children off for their classes no earlier than 10 minutes prior to the start of class. Parents/Guardians must also pick up their children no later than 10 minutes after the conclusion of their class. After the 10 minute grace period, TMS enrolled students will be ushered to TMS After Care and are subject to TMS After Care hourly rates. Non-TMS students will be charged a **\$20** service fee if your child is not picked up after the 10 minute grace period. *Mandelstam Dance, LLC* and *Mandelstam Dance* Faculty are not responsible for children left unattended in or outside *Mandelstam Dance* or for any children beyond 10 minutes after the last class of the afternoon/evening.

Liability

Parents/Guardians understand that *Mandelstam Dance, LLC* and it's Faculty can not be held liable for any loss, damage, accident or injury of any kind that may occur to a student/parent in or outside of *Mandelstam Dance*.

Photo Release

I, (Parent/Guardian) grant *Mandelstam Dance, LLC* my permission to use pictures and/or videos of my son/daughter for public relations and promotional purposes. *Mandelstam Dance, LLC* may use pictures and/or videos in any publication they see fit.

Refusal of Services

Mandelstam Dance, LLC reserves the right to refuse, suspend or withdraw our services to anyone at the sole discretion of *Mandelstam Dance, LLC* without refund.

Information

Parents/Guardians should be proactive in their child's dance education. Parents/Guardians should check their email inboxes or visit www.mandelstamdance.com on a regular basis, for the latest information. This is especially important during TERM B before the end of the year performance.

By signing below I acknowledge that I have read, understood and will comply with all the terms listed by Mandelstam DANCE in the provided School Policies Hand-out, as well as, this form completely.

Parent/Guardian Signature

Date

OFFICE USE only:

Enrolled Classes _____

Day _____

Time _____

No. of Classes per week _____

received by: _____

Registration single:\$ _____ family:\$ _____

Tuition TERM A:\$ _____

Tuition TERM B:\$ _____

Tuition TERM C:\$ _____

Total Amount owed at Registration:\$ _____

Amount PAID:\$ _____ Owed:\$ _____

PAYMENT METHOD

CASH VISA MASTER AMEX DISC CHECK#: _____