

## 2018-2019 Registration/Enrollment FORM

### CLASSES ENROLLING / OFFICE USE ONLY

Creative Movement\_\_\_ Pre-Ballet\_\_\_ Ballet 1\_\_\_ Ballet 2\_\_\_ Ballet 3\_\_\_ Boys Technique\_\_\_  
 Pre-pointe/Pointe\_\_\_ Modern 1\_\_\_ Modern 2\_\_\_ Modern 3\_\_\_ Jazz 1\_\_\_ Jazz 2\_\_\_ Conditioning\_\_\_

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, prior to the onset of classes. A **\$25** late fee will be charged, TERM A (Tuesday, September 14, 2018), TERM B (Monday, January 14, 2019) and TERM C (TBD.) Students will NOT be allowed to participate in class activities until delinquent accounts are paid in full. 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 per 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. All transactions must be completed at *Mandelstam Dance* only. All payments are final and are non-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* 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* 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* my permission to use pictures and/or videos of my son/daughter for public relations and promotional purposes. *Mandelstam DANCE* may use pictures and/or videos in any publication they see fit.

Refusal of Services

*Mandelstam Dance* reserves the right to refuse, suspend or withdraw our services to anyone at the sole discretion of *Mandelstam Dance* 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](http://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#: \_\_\_\_\_