



2017-2018 Registration Form For Preschool Sessions
Payment in full must accompany the form and will secure class placement and discounts.

Date _____

Mail to: PO Box 1259, Katy, TX 77492 or drop in the payment box located on the front porch of the studio

Student's Name _____

Sessions (check all that you are registering/paying for this student at this time):

- 1 (Sept-Oct/6 wks) 2 (Oct-Dec/6 wks) 3 (Jan-Feb/6 wks) 4 (Mar-Apr/6 wks)
 Bonus (May/3 wks)

Class(es): Ballet Tumbling

Birth Date (mm/dd/yy) & Age _____

Physical Limitations (i.e. prior injuries, etc) No or Yes (explain) _____

Learning/Comm. Disorders (ADD, Autism, Downs, Dyslexia, etc) No or Yes (explain) _____

Allergies (food or otherwise) No or Yes (explain) _____

(optional) What do you hope your child will learn/accomplish in these classes? _____

Parent/Guardian Contact Information:

Mother's Name _____ Father's Name _____

Mailing Address _____ Apt _____

City _____ Zip Code _____ Subdivision _____

Home Phone Number (_____) _____ *(if no home phone/cell phone only, please leave blank)*

Mother Cell Phone (_____) _____ Father Cell Phone (_____) _____

Mother Work Phone (_____) _____ Father Work Phone (_____) _____

Add'l emergency contact name and number (optional) _____

Email Address(es) _____

All reminders and paperwork (including newsletters) will be sent **via email**.

(continued)

★★★If someone other than parent/guardian is paying for the student's dance classes, please provide name, address, phone number(s) and email address here:

Parent/Student Studio Agreement
Effective September 2017-July 2018

Attendance

I understand it is to my child's learning advantage that they attend class each week.

I understand that students more than 10 minutes late will not be permitted to enter the class, for their safety and the flow of the class.

Choreography

I understand that any class material and dances taught at En Avant Studio may not be copied or distributed or used for any performances or other businesses' use outside of the studio without the written permission of the director.

Classwear

I understand that classwear requirements (as listed in the brochure) are given to ensure the safety and best-focused learning environment for all students and that failure to respond to warnings may result in my being dropped from the school and no refunds being issued.

Hold Harmless

I agree to release and hold harmless En Avant Studio, its officials, faculty and staff, agents, other employees or volunteers from any actions, suits, damages, claims or judgments that may result from any personal injury that my child, myself or any guest sustains while on the premises of En Avant Studio and at all off-site activities offered to my child.

I will responsibly supervise (keeping them always in my sight) all children I bring to En Avant Studio, including my dancer (when not in class).

Safety & Health

I understand that En Avant Studio is a drug, alcohol, tobacco, weapon and profanity-free environment.

Payments

I understand that all payments are non-refundable.

I understand that payment in full is due before the start of each session.

Photographs/Marketing

I understand that photographs of my child and/or their class may be taken for the promotion of En Avant Studio. I agree that they may be used for, but are not limited to, brochures, literature, newspaper advertising, website, Facebook, etc, including video marketing. I understand that students' names and personal information will not be published.

Signature Parent/Guardian: _____ Date _____

(continued)

New students only

Referred By: (circle one)

Search Engine/Website (Which one?) _____

Word of Mouth (Who?) _____

Signs/Banners

Freckletown

Groupon

LivingSocial

Facebook

Community Event: Parade or MD Kids Booth or Mac Kid Booth

Yellow Pages: Phone Book or Internet

Other _____

Past Dancing Experience (other than En Avant) No or Yes (where, when, what kind, how long?)
