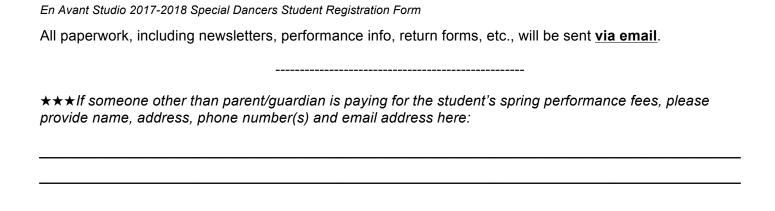


# 2017-2018 Registration Form For Special Dancers

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

Date	
Student's Name	
Birth Date (mm/dd/yy) & Age	School
Physical Limitations (i.e. arthritis, prior injuries, etc) No.	o or Yes (explain)
Any doctor or therapist recommended restrictions?	No or Yes (explain)
Learning/Comm. Disorders (ADD, Autism, Downs, Dysle	exia, etc) No or Yes (explain)
Allergies (food or otherwise) No or Yes (	(explain)
Is the student currently in therapy? No or	Yes
If yes: physical speech other_	
	exercises? No or Yes recommended exercises (photo or written description).
Parent/Guardia	an 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'I emergency contact name and number (op	tional)
Email Address(es)	oontinud)
	continued)



Parent/Student Studio Agreement
Effective September 2017-July 2018
Required with registration form; please sign at the end.

#### 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 bestfocused 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 <u>all payments are non-refundable</u>.

I agree to pay all performance payments on or before the due dates. I understand that all late payments are subject to late fees\* and that ongoing late payments may result in my child being dropped from the school. \*Late fees are \$10 for the first day a payment is late, \$5 for each additional day and payment in full (tuition + late fees) must be made in cash.

(continued)

En Avant Studio 2017-2018 Special Dancers Student Registration Form

I understand that I am making a commitment to continue through May 17 and therefore must give the studio 30 days written notice (by email or note) if I choose to withdraw my student from classes.

## 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/Gu	ardian:		Date	
New students o				
Referred By: (circle o	ne)			
Search Engine/Website (Which one?)		Word of Mouth (Who?)		
Signs/Banners	Freckletown	Groupon	LivingSocial	Facebook
Community Event:	Parade Other			
Yellow Pages: Phone	Book or Internet	Other		
Past Dancing Experier	nce (other than En Avant)	No or	Yes (where, when, wh	at kind, how long?)