

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 _____

Please check the appropriate box(es) for the student above. For add'l students in the same family, please print add'l copies of the first page and complete student's info through "allergies."

Pearls: June 5 - 10:30 AM-12:00 Noon or 6:00-7:30 PM

June 12 - 10:30 AM-12:00 Noon or 6:00-7:30 PM

July 10 - 10:30 AM-12:00 Noon or 6:00-7:30 PM

July 17 - 10:30 AM-12:00 Noon or 6:00-7:30 PM

Sapphires: June 7 - 10:00 AM-12:00 Noon or 6:00-8:00 PM

June 14 - 10:00 AM-12:00 Noon or 6:00-8:00 PM

July 12 - 10:00 AM-12:00 Noon or 6:00-8:00 PM

July 19 - 10:00 AM-12:00 Noon or 6:00-8:00 PM

Ballet (ages 9-13): June 7 June 14 July 12 July 19

Tap (ages 9-13): June 7 June 14 July 12 July 19

Ballet (ages 13-17): June 5 June 12 July 10 July 17

Tap (ages 13-17): June 5 *N/A* June 12 July 10 July 17

Special Dancers: June 7 June 14 July 12 July 19

Birth Date (mm/dd/yy) & Age _____ Grade Completed _____
(school age children only)

Physical Limitations (i.e. arthritis, 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) _____

Parent's/Guardian's Name(s) _____

Mailing Address _____ Apt _____

City _____ Zip Code _____ Subdivision _____

Email Address _____

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

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

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

Psalm 149:3 Let them praise His name with dancing.

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

Referred By: (circle one) _____

Search Engine/Website (Which one?) _____ Word of Mouth (Who?) _____

Signs/Banners Yellow Pages: Phone Book or Internet Other _____

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

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

En Avant Studio Parent/Student Contract Summer 2018

Required with registration form; please sign at the end.

Attendance

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 dances taught at En Avant Studio may not be copied or distributed or used for any performances outside of the studio without the written permission of the director.

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 all children I bring to En Avant Studio, including my dancer (when not in class) and make certain they follow the playground rules.

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.

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 of Parent/Guardian

Date _____