

*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:      July 9 -       10:30 AM-12:00 Noon      or       6:00-7:30 PM  
                  July 16 -       10:30 AM-12:00 Noon      or       6:00-7:30 PM  
                  July 23 -       10:30 AM-12:00 Noon      or       6:00-7:30 PM

Sapphires:    July 11 -       10:00 AM-12:00 Noon      or       6:00-8:00 PM  
                  July 18 -       10:00 AM-12:00 Noon      or       6:00-8:00 PM  
                  July 25 -       10:00 AM-12:00 Noon      or       6:00-8:00 PM

Ballet (ages 9-13):       July 11                       July 18                       July 25  
 Tap (ages 9-13):       July 11                       July 18                       July 25  
 Ballet (ages 13-17):       July 9                       July 16                       July 23  
 Tap (ages 13-17):       July 9                       July 16                       July 23  
 Special Dancers:       July 11                       July 18                       July 25

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?)

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★★★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:

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*En Avant Studio Parent/Student Contract Summer 2019*

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 \_\_\_\_\_