



2019-2020 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 or Yes (explain) \_\_\_\_\_

Any doctor or therapist recommended restrictions? No or Yes (explain) \_\_\_\_\_

Learning/Comm. Disorders (ADD, Autism, Downs, Dyslexia, 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 \_\_\_\_\_

Does the therapist recommend any specific exercises? No or Yes

If yes, please provide a copy of the recommended exercises (photo or written description).

(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) \_\_\_\_\_

(continued)

All paperwork, including newsletters, performance info, return forms, etc., will be sent **via email**.

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

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*Parent/Student Studio Agreement*

*Effective September 2019-July 2020*

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 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 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)

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

I understand that I am making a commitment to continue through May 14 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/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

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**New students only**

Referred By: (circle one)

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

Signs/Banners                      Facebook                      Other \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_