SDA STUDIOS SINGLE CHILD ENROLLMENT 2017-18

Student Name:_____ **Birthday:**_____ **Age (on Sept 1):**_____ **Fall Grade:**_____

Level student is enrolling in (circle one): L1 L2 L3 L4 L5 L6 L7 ***School Attending***: _____

Parents Names:_____ **Contact phone #:** _____

Address:_____
street **city** **state** **zip**

Email address:_____ **PRINT CLEARLY!**
PLEASE KEEP US UPDATED WITH CHANGES TO YOUR EMAIL

Classes (ex: Ballet, Tap, Modern, Jazz, etc, list all classes for each day)	*Class start/end times*	*Total time of class(es)*
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		

SINGLE CHILD: TOTAL hours per week:_____ Tuition due per payment: $_____ (single child tuition schedule)

Enrollment fee MUST accompany registration: $35 single child fee PAYMENT SCHEDULE: ( )THREE ( )SIX

TOTAL AMOUNT ENCLOSED: $_____ (enrollment fee is non-refundable) ***Make checks payable to: SDA STUDIOS***

I understand tuition is non-refundable once paid:_____ (put initials) FILL OUT BACK OR STUDENT NOT ADMITTED

For office use only	*Date received:*	*CA, check #, CC:*	*Amt received:*	*Recorded by:*	*Accounting:*	*Class book:*	*Google sheets:*

CLASS CHANGE POLICY: students may add/drop/change classes ONLY at the BEGINNING of a 6-week tuition term. Desk must be notified in WRITING in advance to confirm space is available in requested class and obtain director approval.
MISSED CLASS POLICY: students may make up two missed classes per 6 weeks (at or below their current SDA level), for a maximum of 12 make-up classes per SDA calendar year and are encouraged to make-up as close to missed class date as possible.

***PARENT ACKNOWLEDGEMENT**: I have read and understand these policies:_____ (put initials).*

PLEASE SIGN BELOW: STUDENT MAY NOT BE ADMITTED TO CLASS WITHOUT PARENT SIGNATURE

Photo Release

I hereby grant my consent that photographs and/or video footage of myself/child taken at the studio, in performance, or at any related SDA STUDIOS event, may be used for promotional purposes at any time in the future.

Acknowledgement of Risk & Liability Release

Dance in all forms requires physically demanding movements that carry with them the inherent risk of injury. On behalf of my child/self, I hereby release from responsibility and agree to indemnify and hold harmless SDA STUDIOS (hereafter 'SDA'), their employees, chaperones, agents, landlord, and lessors from any and all claims of liability or negligence in the event of an injury or loss of property sustained while participating in any SDA authorized activity including but not limited to all classes, performances and recitals.

I further represent that on behalf of my child/self a physician's consultation has been obtained and the aforementioned is physically capable of participating in all forms of exercise necessary for the instruction of dance. I agree to assume full responsibility for all injuries, medical expenses, damages and/or losses that may be incurred while at or a student of SDA.

Parent Signature:_____ Date:_____

Please list any medical conditions we should be aware of:_____

_____

How did you hear about us? _____ FB _____Google _____ Web-site _____ Friend _____ Current student _____ Sign