HOSANNA DANCE STUDIO 2009-10 Application for Enrollment

Application for: ☐ New Student ☐ Returning Student ☐ Sibling(s) of Returning Student Date_____

CONTACT INFORMATION

Parent/Guardian's Name		
Mailing Address:		
City/State/Zip	E-mail	
Home Phone	Alt. Phone #1	Alt. Phone #2
Emergency Contact	Relationship	Phone Number
Alternate Emergency Contact	Relationship	Phone Number
Church Affiliation:	School(s):	

CLASS REQUESTS:

(we will notify you if your request cannot be honored – see manual for more information):

Class No.	Student's Name	Date of Birth	Age	Cost per Month
				$
				$
				$
				$
				$
		Highest Priced Class (full price no discount)		$
		Total cost of all other classes combined		$
		Subtotal		$
		Multiple Class Discount (10% of value of all but highest priced class)		-
☐ Single Student Max. $180 ☐ Family Maximum: $280		Total		=
		Non refundable Registration Fee: $40; $50 after 10/1/09; $60 after 11/1/09		+
		Total Due:		$

OFFICE USE ONLY

DATE	PMT	RB
ACC	LY/CE	EC
APP	FC	INT

FINANCIAL POLICIES & LIABILITY WAIVER

I understand and fully agree to the following (please initial each):

1. My Tuition payments are due on the **1st** of each month, Sept.-May, and are considered delinquent if not paid by the 10th of each month. A $10 late fee will be charged for each month a payment is delinquent. **Returned checks** will result in a $25 fee.
2. Monthly tuition is based on 9 equal payments (September-May) for the year.
3. I will communicate any registration changes or withdrawals **in writing**. I understand tuition accrues until the first of the month following your receipt of this notice.
4. You do not reduce tuition for missed lessons. Make-up lessons may be available.
5. I will pay a costume deposit of $30 (per costume) by Nov 15th, and the balance. by Feb. 15th. If my student is unable to perform in the recital I will not receive a refund. Alterations to the costume are my responsibility.
6. You reserve the right to cancel any class or remove my student from class at any time
7. I will pick up my students on time. You will not leave students unsupervised. If I am more than 10 minutes late, I may be billed $**10/minute**. In addition, if I am late, I hereby grant permission to the studio's appointed agent to transport my students to an offsite location where they can continue to be supervised until picked up.
8. My account must be current for my student to participate in any performance or recital.
9. Any student whose account is not paid by the 20th of the month will be suspended from classes until his/her account is paid in full. I may be charged a $10 reinstatement fee.
10. I will notify the office **in writing** by Nov. 1st if my dancer is not participating in the spring recital. Recital performance Level III & above is contingent on meeting attendance requirements. See first class for details.
11. I agree to read the Hosanna Dance parent manual and agree that my child and/or I will adhere to all the guidelines therein, including the hair and dress code.

By signing below, I hereby release Hosanna Dance, LLC, & their agents/representatives of liability for any injury to my child/ren (or myself) in class, on the campus, or while participating in Hosanna sponsored performances. I understand that in the event medical intervention is needed, attempt will be made to contact the person(s) listed on the student's registration form. In the event we cannot be contacted for the health and well being of my child/ren (or myself), I hereby authorize a representative of Hosanna Dance to authorize whatever medical treatment that might be necessary in an emergency situation. I understand that my medical insurance carrier and I are financially responsible for any medical treatment extended to my child (or myself), and that Hosanna Dance and its agents or representatives cannot be held accountable or liable for such medical treatment. I furthermore give Hosanna Dance authority to use the participant's image in photographs, videos, and web pages for promotional purposes

Parent or Guardian Signature (unless participant is more than 18 years old)

Please use reverse to make us aware of any family, learning or medical issues that may impact class or student performance. This information will be kept confidential.