



HOSANNA DANCE STUDIO 2010-11 Application for Enrollment

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

Date _____

CONTACT INFORMATION

Parent/Guardian's Name (Name on Account)			
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
				\$
				\$
				\$
				\$
				\$
Line 1	Highest priced class plus total cost of all specially priced (†) classes			\$
Line 2	Total cost of all other classes combined			\$
Line 3	Monthly tuition before discounts (line 1 + line 2)			\$
Line 4	Discount (10% of line 2)			-
Line 5	<input type="checkbox"/> Single Student Max. \$185 <input type="checkbox"/> Family Maximum \$285			
Line 6	Sept-May Monthly Tuition Total (Lessor of Line 5 or line 3 - line 4)			
Line 7	Annual Non Refundable Registration Fee <input type="checkbox"/> \$45 (with auto pay*) or <input type="checkbox"/> \$75 (without auto pay)			+
Line 8	Today's Total Due (line 6 + line 7)			\$

*Autopay requires completion of additional form

OFFICE USE ONLY

DATE	PMTFRM	REGB
ACC	LY/CE	EMC
APP	FC	INT

FINANCIAL POLICIES & LIABILITY WAIVER

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

- _____ My tuition payments are due on the **1st** of each month, Sept.-May, and are late if not paid by the 10th of each month. A \$10 fee will be charged for each month a payment is late. Returned checks will incur a \$25 fee.
- _____ Tuition is based on 9 equal monthly payments (September-May). See calendar. Registration fees are **non-refundable** and vary based on method of payment.
- _____ I will communicate any registration changes or withdrawals **in writing**. I understand tuition accrues until the first of the month following your receipt of notice of changes.
- _____ You do not reduce tuition for missed/cancelled lessons. Make-up lessons may be available.
- _____ I will pay a costume deposit of \$30 (per costume) by Nov 15th, and the balance by Feb 15th. If my student does not use the costume I will **NOT** receive a refund. Alterations to the costume are my responsibility.
- _____ You reserve the right to cancel any class or remove my student from class at any time.
- _____ I will pick up my students on time. You will not leave students unsupervised. After 10 minutes, I may be billed **\$10/minute**. If I am late, I grant permission to the studio's representative to transport my students offsite so they can be supervised until picked up.
- _____ My account must be current for my student to participate in any performance or recital.
- _____ 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.
- _____ I will notify the office **in writing** by Nov. 1st if my dancer is not participating in the spring recital. Recital performance for Level III & above is contingent upon meeting attendance requirements. See first class for details.
- _____ 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 issues that may impact class or student performance. This information will be kept confidential.