



Student Registration Form: September 2017-May 2018

STUDENT INFORMATION

Student's Name: _____ Birth Date: _____ Age: _____
 School: _____ Grade: _____
 Home Address: _____ City: _____
 Zip Code: _____ Home Phone Number: _____

PARENT(S)/GUARDIAN(S) RESIDING WITH CHILD 1.

Name: _____ Relationship to Child: _____
 Cell Phone: (____) _____ Work Phone: (____) _____
 E-Mail: _____ Place of Employment: _____
 2. Name: _____ Relationship to Child: _____
 Cell Phone: (____) _____ Work Phone: (____) _____
 E-Mail: _____ Place of Employment: _____

SEPARATED PARENT

Name: _____
 Relationship to Child: _____ Authorized to Pick Up Child: Yes ___ No ___
 Home Address: _____ City: _____ State: ___ Zip: _____
 Contact Phone: (____) _____
 E-Mail Address: _____

ALL PERSONS AUTHORIZED TO PICK UP CHILD

1. Name: _____ Relationship to Child: _____ Phone: _____
 2. Name: _____ Relationship to Child: _____ Phone: _____
 3. Name: _____ Relationship to Child: _____ Phone: _____

CLASS PARTICIPATION

Class Name	Day	Time
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Unlimited Yes: ___ No: _____

How did you hear about our studio? _____

Previous Dance Training Please list prior dance experience (i.e. number of years, technique studied, teachers, etc.):



PAYMENT INFORMATION

Payment Plans:

Plan A: Automatic bank account debit on the first of each month. Provide a voided check or debit card.

Plan B: Automatic credit card payment on the first of each month.

Plan C: Payment of tuition in full at registration to cover classes through May 2018. (Check, cash, or money order only).

Registration Fees:

All Students: \$35

I have chosen payment plan _____.

Monthly Tuition: \$_____

I understand that one make up class is permitted for each class my child misses. Make-up classes must be taken within 30 days of the missed class(es). I also understand that all fees paid are nonrefundable and nontransferable. The parent or guardian is responsible for notifying, in writing, Pleasure Island Dance Company of any change to the credit card or checking account. The returned check/declined card fee is \$35. Should this provision have to be enforced by legal means, the undersigned person(s) is responsible for payment, as liquidated damages, the costs of collection, plus interest at the legal rate and reasonable attorney's fees as determined by the Court or 15% of the amount collected failing such determination.

PERSON RESPONSIBLE FOR PAYMENT:

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

RELATIONSHIP TO STUDENT: _____

WITNESS (Must be at least 18 years of age): _____

RELEASE AND AUTHORIZATION

Name of Student: _____

Indicated in the space below are any health problems or conditions of which the studio should be aware (such as heart, back, medical, allergy, muscular, pregnancy, diabetes, epilepsy, chemical or neurological condition, special medication, knee/kidney/shoulder problems, etc.). I understand that risk of injury is inherent in any physical activity and I, on behalf of myself and my child, knowingly and voluntarily accept that risk. I, the undersigned, for myself, my heirs, administrators, and executors, hereby waive and release Carrie Marie Stone individually and Pleasure Island Dance Company, Inc. and its staff from any and all claims or damages of any kind arising out of my child's participation in the exercise and/or dance program of Pleasure Island Dance Company, Inc. I further certify that the aforementioned student is in proper physical condition to participate in the exercise/dance program and that he/she has been examined by a licensed physician and found to be in proper physical condition to participate in said program. I, the undersigned, do hereby authorize Carrie Marie Stone or her designated agents (being teachers or administrators employed by Pleasure Island Dance Company, Inc.) to obtain medical treatment for my said child in emergency situations where I cannot be reached in time to authorize the treating physician to provide such emergency medical services. I understand that I am responsible for any medical expenses and that the absence of health insurance does not make Pleasure Island Dance, Inc. responsible for payment of medical expenses. This authority includes the power to authorize any and all treatment deemed necessary under the circumstances by a licensed physician. This power is in essence a power of attorney and shall remain in effect for one year from the date signed below.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

WITNESS (Must be at least 18 years of age): _____

EMERGENCY INFORMATION Physician: _____

Hospital Preference: _____

Insurance Company Policy No.: _____

Allergies (food, medicine, etc): _____

Additional Information/Comments (i.e. blood transfusions, etc): _____



Please attach a copy of either 1) a voided check for ACH withdrawal 2) a debit card 3) a credit card to be automatically charged on the 1st of each month for tuition and fees. You will receive an invoice before the withdrawal so you know what is being charged. If you wish to pay by check at the studio, please have it there before the 1st of each month.

Thank you

Marie