

Révérence Studios * Registration Form * 2009-2010 School Year

Date _____

(Please Circle) New Student Returning Student Sibling of Returning Student

Student's Full Name _____

Class(es) Registering For: _____ Day/Time: _____

Mailing/Billing Address:

City/State/Zip: _____

Home Phone Number: _____

Email Address (for studio announcements) _____

Mother/Guardian _____

Mother/Guardian Home Phone Number: _____

Mother/Guardian Cell Phone Number: _____

Father _____

Father Cell Phone Number: _____

Student's Age as of September 1, 2008 _____ Date of Birth _____

Church Affiliation (if any) _____

Dance Experience _____

EMERGENCY INFORMATION - Name and number of friend or family member not listed above we can contact if needed:

Name: _____ Telephone _____

CONFIDENTIAL. PLEASE ANSWER THE FOLLOWING (IF STUDENT UNDER AGE 18)

Student lives with Both Parents Mother Father Other _____

Is there anything special we need to know about the student?

Medical and Medication _____

Learning/Behavioral/Handicaps _____

How did you hear about the school?

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

____1. Tuition is based on a 9-month school year fee schedule, but may be paid monthly. Checks and cash are accepted. Please write the student's name in the memo line of the check. If you pay in cash, please put it in an envelope with the student's name clearly written on it.

____2. Tuition payments are due on the fifth of each month, September through 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.

____3. Tuition payments and all remaining fees (costume fees, late fees, etc.) must be current in order for student to participate in any Révérence Studios performance or year-end program. The recital fee is anon-refundable fee, and in the event that the student drops out before the recital, the costume becomes the property of Révérence Studios.

____4. If student needs to withdraw from classes, I am responsible for tuition in full until such time as a withdrawal form is completed and turned in to the school office.

____5. I agree to read the student handbook and agree that my child and/or I will adhere to all the rules and requirements stated therein.

____6. By signing below, I do hereby release Révérence Studios and their agents or representatives of liability for my child (or myself) of any injury to my child (or myself) in class, while on the school campus, or while participating in Révérence Studios performances. I understand that in the event medical intervention is needed, every attempt will be made to contact the person(s) listed on the student's registration form. In the event next of kin cannot be contacted for the health and well being of my child (or myself), I hereby authorize the staff at Révérence Studios to authorize whatever medical treatment that might be necessary in an emergency situation. I understand that I and my medical insurance carrier are financially responsible for any medical treatment extended to my child (or myself), and that Révérence Studios and its agents or representatives cannot be held accountable or liable for such medical treatment.

Date Student (if 18 or over)

Date Parent (If responsible for student's tuition)