

Payment Options \_\_\_\_\_ EFT \_\_\_\_\_ Check/Cash

|                            |               |                  |                     |
|----------------------------|---------------|------------------|---------------------|
| <i>For Office Use Only</i> |               |                  |                     |
| Studio Location            | May's Tuition | Registration Fee | Class Time & Studio |

## Shirley McPhail School of Dance Registration Form

**Check if new info**

**PLEASE PRINT!**

Name of Student \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parents or Guardians \_\_\_\_\_  New Student  Returning Student

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **E-**

**Mail** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Mother's Place of Employment** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

**Father's Place of Employment** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

**Emergency Name & Phone (Other than Parent)** \_\_\_\_\_

**Previous Dancing: Subject Studied** \_\_\_\_\_ **Years:** \_\_\_\_ **Where:** \_\_\_\_\_

**Medical Information in Relation to Physical Activity** \_\_\_\_\_

In consideration of the benefits of instruction provided by the Shirley McPhail School of Dance for my child, I, intending to be legally bound, do hereby enroll my child named above, in the program and do hereby waive claim and release finally Shirley McPhail School of Dance, Edwina Worley, its staff, instructors and other personnel for claim or liability for any injury or accident occurring or arising from the instructional program or incidental sponsored activities either on or off premises.

I do authorize emergency first aid care to said student by the School in the event he/she becomes injured or ill during instructional program or incidental sponsored activities either on or off premises. If the parents and/or guardians of the child are not immediately available at the telephone numbers provided in the agreement, I further authorize the School, Edwina Worley or such agents as she may authorize to retain the services of a doctor or other competent medical person in order to treat the said minor.

### **MOST IMPORTANT**

**(parent's initials)** \_\_\_\_\_

I understand that the said student is automatically enrolled for the entire 9 months, September through May. Notice of a drop must be given two weeks in advance to Edwina Worley personally by filling out a "Drop Form" and returning it to the studio. A word to the teacher or a friend is not acceptable. Failure to notify will result in continued tuition payments.

**Tuition is due for the entire month in which the drop occurs.**

**This rule is strictly enforced!!**

No student may drop and re-enroll without full repayment of recital and tuition fees.

**\*\* I acknowledge and give permission to SMSD to film or photograph my child for promotional or educational purposes. \*\***

I do realize that said student and parents must comply with reasonable Rules and Regulations set by the Shirley McPhail School of Dance for the conduct of instructional programs and incidental activities either on or off the premises for the mutual benefit of all students concerned. We understand and approve that violations of said Rules and Regulations may be the basis for termination of this Agreement. Participation in recitals, gymnastics demonstrations, etc. will be based on attendance, attitude, ability and cooperation of the student. Decisions regarding participation in these events will be made by the staff.

**NO STATEMENT WILL BE MAILED.** Tuition is due on the 1st of every month in advance. If not paid by the 10th, a \$10.00 late fee will be assessed. Please put child's name on your tuition payment, especially if your name is different than that of your child's, and the studio attending. If there are any questions or changes in reference to your account, please phone the studio at 345-1284.

**DATE** \_\_\_\_\_ **PARENT'S SIGNATURE** \_\_\_\_\_

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