



Registration Form

Student Name: _____

Address: _____

Parent/Guardian: _____

City: _____ State: _____ Zip Code: _____

Phone: Home: _____ Work: _____ Cell: _____

Email (required for billing purposes): _____

In Case of Emergency, Please Notify: _____ Phone: _____

Student's Age: _____ Birth Date: _____

School Attending: _____ Grade: _____

Previous Dance Training: _____

Any Health or Physical Restrictions? _____

Please Denote Class(es) Preference (Day & Time)

1) _____ 2) _____ 3) _____

4) _____ 5) _____ 6) _____

****FOR INSURANCE PURPOSES, A STUDENT MAY NOT ATTEND A CLASS WITHOUT RELEASE****

I (WE) the undersigned student, parent, or legal guardian of a student of the classes held by JK Dance Center, do voluntarily and knowingly execute this release with the expressed intention of effecting the extinguishment of and complete release from any and all claims, actions, demands, or rights to monetary judgement arising from any and all injury or physical harm which may arise from or be sustained as a result of my participation or the participation of my child and/or legal ward in various programs of instruction, practice, and physical activity associated with the study of Dance and related activities conducted at JK Dance Center. I (WE) also give permission to the school to use photos and/or videos of my child and/or legal ward without remuneration in connection with school publications, advertising, TV, and news coverage.

REGISTRATION AND PAYMENTS ARE NON-REFUNDABLE. ANY STUDENT MUST SUBMIT A 30 DAY NOTICE IN WRITING TO BE DROPPED FROM CLASSES AND THE ACCOUNTING SYSTEM. YOU ARE RESPONSIBLE FOR YOUR ACCOUNT UNTIL SUCH NOTIFICATION IS RECEIVED. WITHDRAWALS ARE NOT ACCEPTED AFTER JANUARY 1ST WITH THE EXPCEPTION OF DISABILITY OR RELOCATION.

BY SIGNING, I AM ENTERING AN AGREEMENT THAT I HAVE READ AND UNDERSTOOD ALL POLICIES OF JK DANCE CENTER.

SIGNATURE (PARENT/LEGAL GUARDIAN) _____ DATE: _____

*****FOR OFFICE USE ONLY*****

Class(es) 1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Total Hours _____ Tuition _____

Amount Paid _____

PAID BY: Check # _____ Cash: _____ Credit/Debit(Pay Pal) _____ MEMO: