



Shannon's Progressions Dance Studio

Fall 2011 - 2012

8419 US 42, Florence, KY 41042
859-663-8456 (PH/FAX)
cathy_progressions@me.com

Please read and complete this form to guarantee your child's enrollment

Contacts Please complete the information below.

Mother's Name _____ Father's Name _____

Address _____ Hm Phone _____

Mother's Cell _____ Father's Cell _____

Mother's Work _____ Father's Work _____

Email The studio uses 2 main forms of communication, email and the studio website. It is very important that you provide us with an email address that you check often. If your email address changes, please provide us with the new one. **IMPORTANT:** We do not mail invoices. They are sent by email each month.

Email #1 _____

Email #2 _____

Payments Select method of payment. **IMPORTANT:** If you decide to withdraw for any reason, you must complete a withdrawal form and return it to the studio by the first of the month. This will prevent an additional monthly tuition charge and possible late fee. **All accounts must have a credit card on file. Provide the information below.** Any account not paid in any way by the 15th, the credit card on file will be charged, plus a \$10 late fee.

Monthly Auto Pay Registration fee due at enrollment. Monthly tuition charged the first day of the month. To enroll for Auto Pay, please include your credit card information below.

Visa/MC/Discover # _____ Exp. Date _____

Monthly Manual Pay Registration fee and first months tuition due at enrollment. Monthly tuition due the 1st of each month, August - May. Accounts not paid by the 5th, will be charged a \$10 late fee.

Annual Registration fee due at enrollment. Full years tuition minus 10% is due on the first class.

Waiver of Liability Statement & Permission for Treatment

I, the undersigned parent or legal guardian of the student(s) herein, do hereby give permission for the aforementioned student(s) to participate in any and all classes and/or events offered by or attended by Progressions Dance Studio, LLC. I accept all risks associated with that participation and understand that there is a full possibility of serious physical injury or death. I hereby agree not to sue and waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against Progressions Dance Studio and it's owners, employees and/or other assigned representatives or volunteers from any and all liability and for any and all damages and/or injuries which may be sustained or suffered by the student(s) listed below and consent to any other medical procedure deemed necessary in the case of an emergency. Additionally, I certify that I personally and/or my medical insurance carrier will be responsible for all expenses which are incurred in relation to any injury sustained during any Progressions Dance Studio related activity, including but not limited to classes, competitions, shows, etc.

Rules & Regulations

I have read, understand and will abide by all general rules that are set forth by Progressions Dance Studio, it's owners, employees, and directors and any additional rules or requirements as set forth throughout the year. A complete copy of rules and regulations are available at the studio. As primary contact, I agree to make all payments by their assigned due date. Furthermore, I give my permission to Progressions Dance Studio to use photographs and/or videos of the student(s) listed above for appropriate marketing materials.

Costume Charges

Students participating in the annual Recital Showcase will need to purchase one costume per class, at a cost of \$60 per costume. A charge of \$20 per costume will be added to your account for three months beginning with your September tuition. Costumes will not be ordered for accounts who have not paid the costume fee each month. Costumes are ordered at the end of November, therefore a \$10 rush ship charge will be added per costume for orders after November 30th. There will be no costumes ordered after January 31st. Progressions also charges, a Recital Fee of \$20 per family. This helps for the rental of the auditorium. This will be added to your September invoice.

Parent Signature _____ Date _____

Student Information

Please provide student information below. Remember, we primarily place students by dance level. The ages listed on the schedule are to be used as a guide.

Student #1

Name _____ Date of Birth _____
School _____ Grade (Fall 2011) _____

Medical Information _____

| Class | Day | Time |
|-------|-----|------|
| | | |
| | | |
| | | |
| | | |
| | | |

Student #2

Name _____ Date of Birth _____
School _____ Grade (Fall 2011) _____

Medical Information _____

| Class | Day | Time |
|-------|-----|------|
| | | |
| | | |
| | | |
| | | |
| | | |

Student #3

Name _____ Date of Birth _____
School _____ Grade (Fall 2011) _____

Medical Information _____

| Class | Day | Time |
|-------|-----|------|
| | | |
| | | |
| | | |
| | | |
| | | |

For Our Records Please tell us how you found out about Progressions Dance Studio

Yellow Pages _____ Newspaper _____ Mailer _____ Road Sign _____ Event _____
 Search Engine _____ Referral/Who? _____ Drive By _____ Other _____

For Office Use Only Date Registered ___/___/___ Registered By _____ Amount Due: \$ _____
 Amount Paid: \$ _____ Payment Type: Cash Check # _____ MC/VISA/Discover (Confirmation #) _____