

Student Name: _____ New Student Returning Student
(First name) (Last name)

Address: _____
(Street) (Town) (Zip)

Date of Birth: ____/____/____ **Age (as of 9/18)** ____ **Grade (as of 9/18)** ____

Parent Information: Parent 1: _____ **Parent 2:** _____
(First) (Last) (First) (Last)

Home: (____) ____ - _____ **Home:** (____) ____ - _____

Cell: (____) ____ - _____ **Cell:** (____) ____ - _____

E-mail _____

Emergency Contact: Name: _____ **Phone:** (____) ____ - _____

How did you hear about Turning Pointe Dance Center? AD FRIEND BUILDING/SIGN OTHER
*If your child has any medical conditions or learning disabilities we should be aware of please list below:

Mon Class#	Tues Class#	Wed Class #	Thurs Class #	Fri Class #	Sat Class #

It is very important for parents to be aware of what is expected of our students throughout the dance season. Be sure to read all information in its entirety before signing this agreement.

AGREEMENT: I hereby enroll my child at Turning Pointe Dance Center (TPDC) for the "Dance Season" beginning on September 7, 2018 and ending in June, 2019. I have read and agreed to all policies, terms and conditions as stated in Turning Pointe literature including, but not limited to, tuition rates and payments, costume payments, dress codes, class placement, general recital information, etc. I also acknowledge that a \$10 late fee will be applied to payments made after the tenth of each month, also a \$35 returned check fee applies, and a \$25 processing fee for all refunds.

I understand that I may withdraw from the program at any time during the dance season by notifying TPDC in writing prior to the beginning of a new month. If TPDC is not notified in writing it is understood that I am not relieved of my obligation to pay all incurred tuition fees. I also acknowledge that tuition will not be refunded if withdrawing after October 31st. I also acknowledge that excessive absenteeism may result in my child being ineligible to participate in TPDC recitals.

I hereby permit my child to participate in dance and/or gymnastics and understand the risks inherent in such activities. I release Turning Pointe Dance Center and its staff from any and all legal liability and medical cost arising due to any injury incurred during the course of instruction or participation in any TPDC related activity.

I release rights to all photos taken in relation to Turning Pointe Dance Center, for exclusive TPDC use in promotion or advertising.

Signature _____ **Date** ____/____/ **2018**

Office Use only:

Mail registration confirmed Entered on Class List Entered in computer Payment recorded

Payment Schedule:

10% Installment Full Tuition Amount Paid _____ Reg. Fee _____

Paid By: cash check # _____ Visa /MC/Amex/Disc Other Amount _____

Notes: _____ Staff Initials _____