

Student Name: _____, _____ Birth Date: _____ Age: _____
(Last) (First) (as of 08/01/09)

Address: _____ Zip Code: _____
(Street) (City) (State)

Parent's Name: _____ Home Phone: _____

Mobile Phone or Emergency Phone: _____ School: _____ Grade Fall '09 _____

Email Address: _____

Number of Years of Dance Training: _____ Number of Years at D'Ette & Co. Dancers _____

Medical information relevant to dancing/physical activity or behavior for your child _____

Please indicate your class preferences by checking the box (es) below.

- | | |
|---|---|
| <input type="checkbox"/> Combo (ballet/tap) | <input type="checkbox"/> BTJ Combo I (ballet/tap/jazz) |
| <input type="checkbox"/> Ballet | <input type="checkbox"/> BTJ Combo II (ballet/tap/jazz) |
| <input type="checkbox"/> Tap | <input type="checkbox"/> Lyrical |
| <input type="checkbox"/> Jazz | <input type="checkbox"/> Hip Hop |
| <input type="checkbox"/> Pointe (teacher approval required) | <input type="checkbox"/> Other _____ Please |
| <input type="checkbox"/> Ballet Technique | write in other classes you would be interested in trying. |

Indicate the earliest time you can arrive for class _____

Circle the most convenient days of the week.

1 st Choice	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
2 nd Choice	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.

I agree to comply with the policies and procedures of *D'Ette & Co. Dancers, Inc.* I understand that the lessons must be paid for whether attended or not and the monthly tuition is due on the 1st of each month. A late fee will be charged for payments received after the 10th of the month. I am aware that my child may discontinue lessons at any time by notifying the studio in writing. I also understand I am responsible for any lessons taken or missed until I notify *D'Ette & Co. Dancers, Inc.* that I am stopping my (my child's) lessons. I understand once a costume order is placed I must pay the fee in full.

I hereby release *D'Ette & Co. Dancers, Inc.* and its agents or representatives of liability for any personal injury to a student arising out of participation in class or incurred while on the premises of *D'Ette & Co. Dancers, Inc.* In the event of a medical emergency, I authorize the agents of *D'Ette & Co. Dancers, Inc.* to use their discretion in securing proper treatment for student as deemed necessary under the circumstances. I understand every effort will be made to contact parent or guardian or emergency contact number listed above under such circumstances.

I acknowledge and give my permission to *D'Ette & Co. Dancers, Inc.* to film or photograph my child for promotional or educational purposes.

I acknowledge by my signature, that I have read the above statements and I agree to these terms and conditions.

(Signature of Parent or Guardian if Student is a Minor)

(Date)

Classes will begin August 17, 2009 and run through May 2010. Tuition is based on a yearly tuition scale, but may be paid in monthly payments. Fees are the same each month even though the number of classes may vary.
D'Ette & Co. Dancers, Inc. follows the AISD/BISD school year calendar – a complete calendar for the year will be provided in August.

Studio Use <u>Class</u>	Class Placement <u>Day/Time</u>	Student # _____ <u>Tuition</u>	Registration Fee (\$40, additional family members \$20 each)
_____	_____	_____	_____
_____	_____	_____	Paid Check # _____
_____	_____	_____	Date _____