

Gotta Dance Studio, Inc

Registration 2011-2012 Check one Fall() Spring() Summer ()

The Lansdowne Shoppes 3347 Tates Creek Road Suite 201 Lexington, KY 40502 859-268-3382 www.gottadancelex.org. Facebook

PLEASE PRINT:

Parent/Guardian (person responsible for payment) _____

Address _____ City _____ Zip _____

Phone:
Home _____ Cell _____ Emergency _____

Email address (please print clearly TWICE): _____ / _____

Newsletters, notices, and billing are done by email.

Any known allergies or health problems: _____

Dancer's name _____ Age _____ Birthdate _____

1. Class	Day	Time	Instructor
2. Class	Day	Time	Instructor

DANCER IS AUTOMATICALLY ENROLLED IN SPRING SEMESTER UNLESS NOTIFIED IN WRITING BY DECEMBER 15, 2011.

How did you hear about Gotta Dance Studio, Inc. _____

Annual Registration Fee (\$15.00) _____ per student NON-REFUNDABLE—HOLDS PLACE IN CLASS.

Fall fee _____ 17 weeks August 15 to December 17, 2011

Spring fee _____ 20 weeks January 2 to May 26, 2012

Method of payment—please initial option chosen—Fall and Spring Semesters.

_____ Payment in full Due: Full at the time of registration.	_____ Two (1/2) payments Due Fall: AT FIRST LESSON & SEPT 15 Due Spring: AT FIRST LESSON and FEB. 15
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Recital Costume Fee Please initial option chosen

\$75* costume fee per costume ordered (includes: highest quality costume, all accessories, tights, any alterations)

_____ \$75 paid in full (per costume ordered) Due by **NOVEMBER 15**

_____ \$50 deposit- Due by November 15 Balance (\$25) due by **FEBRUARY 15**

Partial costume payments can be made from September 15 thru February 15 in the amount of \$12.50 per month per costume. NOTIFY OFFICE IF THIS OPTION IS CHOSEN.

Please read and sign the reverse side. Enrollment is NOT complete without your signature.

Policy and Liability Agreement

ALL STUDENTS (18 and over) AND/OR PARENTS/GUARDIANS MUST READ AND SIGN THE LIABILITY AGREEMENT BELOW.

REGISTRATION WILL NOT BE COMPLETED WITHOUT THE SIGNED AGREEMENT.

Please initial each policy.

I REALIZE THE RISKS OF PHYSICAL INJURY INHERENT IN DANCE AND DANCE TRAINING, AND I AM WILLING TO ASSUME THESE RISKS. I AGREE THAT I WILL NOT HOLD GOTTA DANCE STUDIO, INC, LIABLE FOR INJURIES SUSTAINED WHILE A STUDENT OR PARTICIPANT. _____

I UNDERSTAND IT IS MY RESPONSIBILITY TO SAFEGUARD MY PERSONAL PROPERTY AND REALIZE IT IS NOT THE RESPONSIBILITY OF GOTTA DANCE STUDIO, INC. I AGREE TO ABIDE BY THE RULES, REGULATIONS AND POLICIES OF GOTTA DANCE STUDIO, INC. I HAVE READ AND UNDERSTAND THE POLICIES FOR THE CLASS/ES, IN WHICH MY DANCER IS ENROLLED. _____

I UNDERSTAND THERE IS A NON-REFUNDABLE \$15.00 REISTRATION FEE.____ I ALSO UNDERSTAND DANCE FEES ARE PAYABLE IN ONE OF THREE MANNERS OF MY CHOOSING: IN FULL AT TIME OF ENROLLMENT, TWO INSTALLEMENTS PER SEMESTER, OR ON A PREARRANGED MONTHLY BASIS.____ I UNDERSTAND PAID FEES ARE NON-REFUNDABLE AND MY ACCOUNT WILL BE ACCESSED A \$15 LATE FEE AFTER 10 DAYS FOR ANY LATE PAYMENTS.____ I AM AWARE ANY MISSED CLASSE/ES SHOULD BE MADE UP WITHIN ONE MONTH OF THE MISSED CLASS/ES.____ I AGREE, IN THE EVENT IT BECOMES NECESSARY TO WITHDRAW FROM A CLASS, I WILL DO SO IN WRITING BY THE 15TH OF THE MONTH; FAILURE TO DO SO WILL RESULT IN MY OBLIGATION OF PAYMENT FOR THE NEXT MONTH'S TUITION.____ I AM AWARE THAT A \$25 FEE WILL BE ASSESSED FOR ANY RETURNED CHECKS. ____ I AM AWARE IN THE EVENT A COLLECTION PROCESS IS NECESSARY, I WILL BE ASSESSED AND RESPONSIBLE FOR ALL FEES ASSOCIATED WITH THE COLLECTION OF SAID DEBT. _____

I UNDERSTAND WHEN I MAKE MY RECITAL COSTUME PAYMENT/INSTALLMENT, THE COSTUME/S BECOME/S MY PROPERTY AND I AM FULLY RESPONSIBLE FOR THE BALANCE DUE BY THE REQUIRED DATE.____ I ALSO UNDERSTAND NO COSTUME DEPOSITS OR FEES ARE REFUNDABLE. _____. I UNDERSTAND PARTICIPATION IN RECITAL AND TICKET PICK UP IS POSSIBLE WHEN ALL FEES, LATE CHARGES, AND OTHER CHARGES ARE PAID IN FULL _____.

I HAVE READ AND AGREE TO THE TERMS LISTED ABOVE:

PARENT/GUARDIAN Signature _____ DATE _____