



# School of Contemporary Dance 2011-2012 Registration Form

STUDENT NAME	DOB	AGE	
HOME ADDRESS	CITY	STATE	ZIP CODE
PARENT/GUARDIAN NAME	OCCUPATION	WORK PHONE	CELL PHONE
PARENT/GUARDIAN NAME	OCCUPATION	WORK PHONE	CELL PHONE
EMAIL ADDRESS FOR PARENT #1		EMAIL ADDRESS FOR PARENT #2	
EMERGENCY CONTACT	HOME PHONE	CELL PHONE	

Class Name	Day	Time

Registration Fee before July 15:	\$0
Registration Fee after July 15:	\$10.00
Registration Fee after August 20:	\$20.00
Option #1 Payment: Yearly	\$ _____
Option #2 Payment: Tri-monthly	\$ _____
Option #3 Payment: Monthly (Includes a \$5.00 monthly service fee. First and last month's tuition is due at the time of registration.):	\$ _____
Performance fee per class: \$20 for the first class, and \$10 for each additional class \$20 or \$10 x # _____ classes= _____	\$ _____
(2012 End-of-Year Showcase)	
<b>Total:</b>	<b>\$ _____</b>

If you wish to pay by credit card, please contact the studio at (410) 480-1686

Parent Signature	Date
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I understand that tuition is due on the 25th of the month when paying monthly and three months at a time. If payment is not made by the 8th of the following month, a \$10.00 late fee will accrue, and I will be billed. If payment is not made by the 15th of the month, I or my child will be withdrawn from class and a \$10.00 registration fee must be paid in order to re-register for the class. I understand that all registration fees and performance fees are non-refundable.



# School of Contemporary Dance 2011-2012 Consent Form

STUDENT NAME

BIRTHDAY

LIST STUDENT'S ALLERGIES

## Parental Consent/Responsibilities (Must be read and completed)

Kinetics Dance Theatre will not be responsible for administering medications to the student.

My child has permission to be photographed, interviewed or videotaped while attending Kinetics Dance Theatre for possible use in marketing.  
Yes \_\_\_\_\_ No \_\_\_\_\_

I approve of my child's enrollment in Kinetics dance classes and with appropriate student behavior. I understand that appropriate dress is required for all dance classes including footwear and all hair must be pulled back away from the face.

I certify that the above information is true and correct to the best of my knowledge. I understand that it is my responsibility to notify Kinetics of any change in the information in this registration. I will take financial responsibility for my child's tuition payment to Kinetics Dance Theatre.

Parent Signature

Date



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STUDENT NAME

BIRTHDAY

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Date