

Dance Contempra
CENTRE FOR DANCE EDUCATION
 303 Kelly Drive Suite 12
 Peachtree City, GA 30269
 770-631-0460
 2010-11

Student Name _____ Date of Birth ____/____/____ Age _____

Parent/Guardian _____

Address: _____

City, State, Zip _____

Home Phone _____ Work/Cell _____ Email Address _____

How did you hear about Dance Contempra? _____

Alternate Emergency Contact Name: _____ Phone: _____

Class Date	Class enrollment name	Time	Cost
		Tuition	\$
		Registration Fee	20.00
		Total Fees	\$

Waiver of Liability/Agreement to Pay

I understand that tuition is payable in advance. Students may take class only if tuition is current. Tuition will apply to the month in which it is paid and although the student is entitled to make-up missed classes with in the same month unless Dance Contempra has directed other wise. There are No Refunds except for a properly documented extended illness. No credits will be given for missed classes.

I understand that the student whose name appears on this registration is enrolling in the Dance Contempra program. All students pay a once per year non-refundable registration fee of \$20.00 due with the first month's payment. If a student wishes to drop a class, this must be done in writing 30 days prior to dropping the class. Tuition is due for each month until written notice is received by the office manager. I also understand that monthly tuition fees are due on the 1st of the month, a late fee of \$10.00 will be charged for late tuition after the 5th of the month, and a \$25.00 fee for any returned checks. Your current monthly tuition is \$_____ (subject to change). _____ (**Initials**)

I understand that I must notify Dance Contempra in writing by January 30th, 2008 if the student cannot perform in the Spring Recital (date to be announced). I further understand that I will be responsible for ALL costume fees if I fail to provide said notification. Costume fee is \$65.00 per costume per class.

I agree to allow Dance Contempra to videotape and/or photograph my child's participation in various dance program activities. I also agree and consent to the release of my child's likeness in videotape or photographs for commercial profit purposes by Dance Contempra including but not limited to the promotion of Dance Contempra.

I agree that I will not hold Dance Contempra or any faculty member or employee of either liable for injuries sustained or illness contracted by me or a student participating in the activities above.

I agree to abide by the rules and regulations of Dance Contempra. I have read the above policy statements and waiver of liability and hereby agree to comply with them.

I have received a Dance Contempra Policies Brochure. _____(Initials)

Signature _____ Date _____
 (Parent/Guardian, if minor)