

Starlight Dance Academy, Inc.

2008-2009 REGISTRATION FORM

Emmerling Plaza, 928 Route 910, Cheswick, PA 15024-9441 (412)767-0400 www.starlightdanceacademy.net

Please print clearly. A separate form must be completed for each child.

Dancer's Name _____

Age as of September 1st _____ Date of Birth _____

Name of Parent(s)/Legal Guardian(s) _____

Street Address _____

City _____ PA Zip Code _____

Phone: Home _____ Work _____ Cell _____

Email: **(Required)** _____

Name of emergency contact other than parents _____

Phone _____ Cell _____ Relationship to Student _____

School Child Attends _____ Grade ____ How did you hear about us? _____

Medical Conditions (Asthma, Diabetes. etc.) _____

Classes Registered For

Day	Time	Class	Length
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Number of Classes per Week _____ Total Class Time per Week _____

MONTHLY TUITION PAYMENT \$ _____

TUITION AGREEMENT

There is an annual non-refundable/non-transferrable registration fee of \$20 per child. Tuition is calculated for the entire 35-week school year and divided into 10 monthly payments. All classes receive the same number of lessons throughout the school year. Full tuition is due each month regardless of absence or the number of weeks in a month. There are no refunds or adjustments for absences. Tuition rates are contingent upon signed liability release statement. Full tuition payment is due on or before the first class of each month. Payments may be made online, in person or by mail. We accept cash, Visa/MasterCard/Discover or check payable to Starlight Dance Academy. A \$5.00 late fee will be automatically assessed if payment is not received by the 15th of the month. Starlight Dance Academy reserves the right to refuse lessons to any student whose tuition has not been paid by the 30th of the month. All tuition is non-refundable and non-transferable. There is a \$25.00 fee for all returned checks. If we receive two NSF checks, you will be required to pay the remainder of your tuition with cash, credit card, money order or certified check. I have read the above notice and agree to comply with it.

Signature _____ Date _____

MEDICAL TREATMENT/LIABILITY RELEASE

I, _____, parent/legal guardian of _____, give permission to the above-named child to participate in classes and activities at Starlight Dance Academy, Inc. I realize that dance is a strenuous physical activity which involves a risk of personal injury. Attending classes and activities indicates acceptance of such risks. By signing this document, I release Starlight Dance Academy, Inc., instructors, staff and volunteers from any and all liability claims made because of injuries obtained in connection with an activity sponsored by or held at Starlight Dance Academy, Inc.

My child is covered by _____ medical insurance, ID number _____ group number _____. I have provided Starlight Dance Academy, Inc. with proof of my child's medical insurance. I understand that in the event of an injury, the student's personal insurance policy is the only source of reimbursement.

I have completed this form to the best of my knowledge. I understand that providing incorrect information or omitting information can be dangerous to my child's safety and well-being. I give Starlight Dance Academy, Inc. and its agents permission to administer first aid and/or seek medical treatment for my child should it be required.

Signature of Parent/Guardian _____ Date _____

REGISTRATION FEE: \$20.00 *Registration fee must accompany this form.

Office Use: _____ # _____ Date _____