



Jones-Haywood Dance School, Inc.

Student Registration Form: Program Year _____ to _____

STUDENT INFORMATION

Returning Student New Student

Student's Name: _____ Birth Date: _____ Age: _____

School: _____ Grade: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

PARENT(S)/GUARDIAN(S) RESIDING WITH CHILD

1. Name: _____ Relationship to Child: _____

Cell Phone: _____ Work Phone: _____

Place of Employment: _____

E-Mail: _____

2. Name: _____ Relationship to Child: _____

Cell Phone: _____ Work Phone: _____

Place of Employment: _____

E-Mail: _____

SEPARATED PARENT

Name: _____ Relationship to Child: _____

Authorized to Pick Up Child: Yes No

Cell Phone: _____ Work Phone: _____

Place of Employment: _____

E-Mail: _____

PERSONS AUTHORIZED TO PICK UP CHILD

1. Name: _____ Contact Number: _____

2. Name: _____ Contact Number: _____

3. Name: _____ Contact Number: _____

4. Name: _____ Contact Number: _____

5. Name: _____ Contact Number: _____

CLASSES

<u>CLASS NAME</u>	<u>DAY</u>	<u>TIME</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Would you like to be added to the parent directory? Yes No

RELEASE:

It is agreed that the **Jones-Haywood Dance School and its staff and/or instructors** are not responsible for any loss of property, injury and/or accidental mishaps to anyone participating on the premises in classes, field trips, and/or performances.

PARTICIPATION IN MEDIA:

I grant permission for my child to be filmed, photographed or interviewed by the media at any time during the program year.

PRINT: _____

SIGNATURE: _____

Studio Information and Policies

ATTENDANCE

Good attendance is imperative, as absences and tardiness can hold back an entire class. Students should be prompt and prepared for class.

MISSED CLASS

A notification by telephone to the school's office is required for missed classes. Please do not email your notification.

TARDINESS

Students are expected to arrive at the studio in sufficient time to prepare for class. Telephone notification to the school is required. When late, students must ask the teacher for permission to enter class. It is the teacher's decision whether or not a student can participate in class for the day. Students may be required to observe class and take notes.

INCLEMENT WEATHER

Communication regarding class/school closures will be emailed to parents by 12 noon. Please make sure we have the correct email address for you on file.

INSURANCE

Jones-Haywood Dance School, Inc. does not carry medical insurance for its students. It is required that all students be covered by their own family policies and if injury occurs it is understood that the student's own policy is your only source of reimbursement.

STUDIO RULES

- Students should be dressed and prepared for class before it starts.
- No street shoes should be worn in the studios. Please change into dance shoes before class.
- No food or drinks of any kind are allowed in the dance studio.
- Parents should not leave young students unattended in the waiting area before or after class.
- Chewing gum is never allowed in the dance studio.
- Always treat your teacher and fellow classmates with respect.
- Student's hair must be neat and pulled back into a bun.

GETTING YOUR INFORMATION

Help us keep you informed. Ways to get the information you need:

- Our informative website, www.joneshaywooddanceschool.com
- Emails from school – Make sure we have your correct email address on file.
- Office double doors - Everything we send home is hung on studio bulletin board or placed on waiting area table top.
- Front desk staff – We are here to help. Please don't hesitate to ask questions.

TUITION

- Tuition is paid in five installments (September-January) that are due by the 15th of each month.
- If your payment is received after the 15th day of each month regardless of absence and/or the 15th falling on a Sunday; a late fee of \$25.00 will be added to your account.
- There will be a \$25.00 fee for all checks returned for insufficient funds.



Jones-Haywood Dance School, Inc.

Medical Release Form

I, _____ (parent/guardian's name) hereby give permission for any and all medical attention to be administered to my child _____ (child's name) in the event of accident, injury, sickness, etc., under the direction of the physician(s) listed below or at any necessary emergency facility, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

I understand and agree to hold harmless, all instructors, assistants, aides, managers, and all affiliates to Jones-Haywood Dance School, Inc. for any and all injuries that may result from my child/me participating in Jones-Haywood Dance School, Inc. dance program. Additionally, I agree that the Jones-Haywood Dance School, Inc. is not responsible for any lost or stolen items that may occur while participating in the Jones-Haywood Dance School, Inc. program.

In addition, I agree to give the Jones-Haywood Dance School, Inc. and any sponsoring agency permission to use any photos of myself/child to promote the Jones-Haywood Dance School, Inc.

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Insurance Company: _____ Policy Number: _____

Plan Holder Name: _____ Plan Holder DOB: _____

Child Physician, Address, and Phone: _____

Health Conditions: _____

Known Allergies: _____

Preferred Hospital: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Artistic Study/Parent Feedback

Has your child had dance training? Yes No

If yes, which area(s) of study – (check all that apply)

- | | | | |
|---|-------------------------|--|-------------------------|
| <input type="checkbox"/> Classical Ballet | _____ years of training | <input type="checkbox"/> Jazz | _____ years of training |
| <input type="checkbox"/> Pointe | _____ years of training | <input type="checkbox"/> Musical Theater | _____ years of training |
| <input type="checkbox"/> Modern | _____ years of training | <input type="checkbox"/> Cultural | _____ years of training |
| <input type="checkbox"/> Tap | _____ years of training | | |

Other: _____ years of training

Does your child have a physical disability? Yes No

If yes, please explain _____

Tell us about your child.....

Does your child wear glasses or contacts? _____

Does your child have a nick name? _____

Does your child have a favorite color? _____

Please identify, if any, learning style differences that the instruction teacher should be aware of in order to facilitate a meaningful and productive experience in the art of dance.

As a parent, what are your expectations for your child this year at JHDS?



Jones-Haywood Dance School Authorization for Credit Card Use

All information will remain confidential

A Service fee of 3.7% + \$0.25 is added to credit card payments.

Name on Card: _____

Billing Address: _____

Credit Card Type: _____ **Visa** _____ **Mastercard** _____ **Discover** _____ **AmEx**

Credit Card Number: _____

Expiration Date: _____ **CCV:** _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ **(USD)**

_____ I authorize Jones-Haywood Dance School to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

MONTHLY TUITION:

_____ I authorize Jones-Haywood Dance School to charge the monthly Tuition Fee of \$_____ to my credit card provided herein. Auto debits are scheduled to occur on the fifteenth of every month.

The monthly tuition fee is based on the number of classes your student is enrolled in and how many students are enrolled in your family. I understand that tuition is not pro-rated for missed classes due to illness or vacation. All tuition is non-refundable. Cancellation of auto debits must be made in writing 7 business days prior to the scheduled payment date.

Cardholder – Print Name, Sign and Date Below:

Printed Name: _____

Signature: _____ **Dated:** _____