

# 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](http://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 15<sup>th</sup> of each month.
- If your payment is received after the 15<sup>th</sup> day of each month regardless of absence and/or the 15<sup>th</sup> 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: \_\_\_\_\_