



REGISTRATION FORM

Student Name:		DOB:
Parent Name:		Phone:
Address:	City:	Zip:
Email Address:		

Class	Day	Time	Instructor

Tuition/Month: \$	Registration: \$30.00	Total Pd:
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Date: _____ Staff Intl: _____

Registration Fee: The above stated, as a guardian of the above listed student, makes application on his/her behalf for acceptance into classes at Image Studio of Dance. I understand that a \$30.00 **non-refundable** registration fee must accompany this form.

Termination Guidelines: A 30-day IN ADVANCE WRITTEN notice will only be accepted by the Image Studio of Dance office to terminate enrollment **before the end of a season**. Please obtain a "Drop Form" from the office. Verbal or telephone notice to a faculty member or to the office is not valid. To terminate enrollment, drop a class, or make changes, it must take place either at the end of a month with ALL TUITION PAID IN FULL through the end of that month, even if the student does not attend classes through the month.

Tuition & Fees: As guardian of the registered student, you are responsible for all tuition for each month from September 1st or time of enrollment through the recital date, unless the "Drop Form" is given to the office at the above specified times, even if the above listed student does not attend these classes. If paid monthly, tuition is due the first class of the month. If tuition is not received by the 10th of each month a \$15.00 late fee will be added to your account and your credit card on file will be charged. **Any balance** not paid in full by the end of the month receives a 10% charge applied to the remaining balance each month until balance is cleared. If the tuition is not received by the end of the month, the student will only be allowed to observe class and will not be allowed to participate. We will allow the student to call his/her parent to rectify the situation. After two (2) consecutive months of non-payment the student cannot enter the class(es).

Photo Release Agreement: I hereby authorize Image Studio of Dance to publish photographs taken of myself and/or the minor child or children listed above, and our names and likenesses, for use in the Image Studio of Dance's print, online, and video based marketing materials, as well as other company publications. I hereby release Image Studio of Dance, its contractors, its employees, and any third parties involved in the creation or publication of Image Studio of Dance publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor(s) listed above.

Insurance: Image Studio of Dance does not carry medical insurance for its students. It is required that all students be covered by their own family insurance policies. If injury occurs, it is understood that the student's own policy is your only source of reimbursement. As a condition of acceptance in dancing classes, I hereby covenant and agree to hold Image Studio of Dance harmless and forever indemnify it, its owner, and its agent from any and all liability arising from injuries which my child should sustain while on the premises occupied by the school.

Signature of Parent/Guardian _____ Date _____