

# Dance X Studio

624 Hope St, Stamford, CT-06905. 732-642-5979.



## REGISTRATION FORM

June 18-August 31 2018

### PARTICIPANT INFORMATION

<i>Participant's name</i>	
<i>Date of birth</i>	
<i>Date of registration</i>	
<i>Address street</i>	
<i>Apt. #</i>	
<i>City</i>	
<i>State , zip</i>	
<i>Home phone</i>	
<i>Cell phone</i>	
<i>E-mail address</i>	
<i>School</i>	
<i>Grade</i>	

### PARENT/GUARDIAN INFORMATION

<i>Mother's full name</i>	
<i>Home phone</i>	
<i>Cell phone</i>	
<i>Address street</i>	
<i>Apt. #, city</i>	
<i>State, zip</i>	
<i>Place of employment</i>	
<i>Employment address</i>	
<i>Work phone</i>	
<i>E-mail address</i>	
<i>Circle one:</i>	MARRIED DIVORCED SINGLE GUARDIAN

# DanceXStudio



## PARENT/GUARDIAN INFORMATION

Father's full name	
Home phone	
Cell phone	
Address street	
Apt, # city	
State, zip	
Place of employment	
Employment address	
Work phone	
E-mail address	
Circle one:	MARRIED DIVORCED SINGLE GUARDIAN
If parent/guardian cannot be reached please contact; phone number, relationship to parent	
Participant:	
Insurance information	
Insurance carrier	
Group #	
Policy #	
Insurance phone number	
Who carries insurance on participant:	
In case of emergency, which hospital would you prefer	
Please list any allergies, physical condition, defects, or medical conditions that would limit participant from participating:	

### MEDICAL/WAIVER/RELEASE OF RESPONSIBILITY

I ACKNOWLEDGE, UNDERSTAND, AND ASSUME ALL RISKS INVOLVED IN ANY ACTIVITIES ON THE PREMISES OF DANCEXSTUDIO, INCLUDING BUT NOT LIMITED TO DANCE. I ALSO UNDERSTAND THAT MY CHILD MIGHT BE TAKEN OUTSIDE OF DANCEXSTUDIO' PREMISES FOR OTHER ACTIVITIES. I FURTHER AGREE TO HOLD HARMLESS JAYSHREE SRIKANTH, SRIKANTH RAMAKRISHNAN, DANCEXSTUDIO, THE OWNERS OR STAFF TEACHERS, FROM ANY AND ALL CLAIMS, SUITS, LOSSES, OR DAMAGES OF ANY NATURE WHAT SO EVER, INCLUDING BUT NOT LIMITED TO, SUCH CLAIMS THAT MAY RESULT FROM MY CHILD'S INJURY OR DEATH, WHETHER IT BE ACCIDENTAL AS A RESULT OF NEGLIGENCE OR OTHERWISE, DURING OR ARISING IN ANY WAY FROM THE DANCE/CHEERLEADING/TUMBLING/ OTHER PROGRAMS. I HEREBY GRANT PERMISSION TO LICENSED HOSPITAL AND/OR STAFF MEMBERS TO ADMINISTER IMMEDIATE MEDICAL TREATMENT AS DEEMED NECESSARY TO MY CHILD SHOULD HE/SHE BE INJURED DURING ANY EVENT HE/SHE LEFT IN THE CARE OF DANCEXSTUDIO STAFF. FURTHER, I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF EXPENSES INCURRED RELATING TO MY CHILD'S MEDICAL TREATMENT.

Parent / Guardian Signature

Date

*Making dance an integral part of fitness and mental development!*

# Dance X Studio



## SUMMER DAY CAMP PROGRAM ENROLLMENT

PLEASE CHECK DAYS STUDENT IS REGISTERING FOR:

Please check (√)	Program	Amount Due (\$)
	FULL-TIME PROGRAM (M-F) 5 DAYS A WEEK 8AM-4PM	\$300 A WEEK
	DAY WISE WEEK PROGRAM 8AM-4PM DAY ATTENDANCE (Please check √) ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday	\$60 A DAY

Please check off all weeks that will be attending for the Summer Dance Camp Program (YOU WILL BE CHARGED FOR EVERYWEEK THAT YOU REGISTER FOR). *\*Any changes or withdrawals need to be in writing 2 weeks in advanced\**

Please check (√)	Week of:
	JUNE 18-22, 2018
	JUNE 25-29, 2018
	JULY 2- 6, 2018 (CLOSED Mon. July 4th)
	JULY 9-13, 2018
	JULY 16-20, 2018
	JULY 23-27, 2018
	JULY 30-AUGUST 3, 2018
	AUGUST 6- 10, 2018
	AUGUST 13-17, 2018
	AUGUST 20 - 24 2018
	AUGUST 27- 31 2018

### Fees Due upon Registration:

#### RETAINER FEE:

One week tuition due upon registration to retain if student withdraws without notification, or fee will be automatically used for the final week of summer program weekly tuition. **\$300** \_\_\_\_\_

DISCOUNTS (CHECK IF APPLIES TO PARTICIPANT) FAMILY RATE (3 OR MORE FAMILY MEMBERS ENROLLED)

\*15% DISCOUNT \_\_\_\_\_

# DanceXStudio



TOTAL WEEKLY TUITION \$ \_\_\_\_\_

---

## **PAYMENT PROCEDURE**

PARTICIPANT AND/OR PARENT ACKNOWLEDGE THE FINANCIAL OBLIGATIONS, POLICIES AND PROCEDURES OF DANCEXSTUDIO.

ALL CHECKS ARE TO BE MADE OUT TO; **JAYSHREE SRIKANTH**; IN THE AMOUNT INDICATED ABOVE. TUITION IS DUE BY THE FIRST DANCE CLASS OF EACH WEEK. IF PAYMENT IS NOT PAID BY THE WEDNESDAY OF THAT WEEK, A \$30 LATE FEE WILL BE ASSESSED TO THE PARTICIPANT'S ACCOUNT.

IF THE ACCOUNT IS NOT PAID IN FULL WITHIN 5 DAYS, THE STUDENT WILL BE WITHDRAWN AND FINANCIAL OBLIGATION WILL BE PAID IN FULL BEFORE THE STUDENT IS ALLOWED TO RETURN.

**PARENT/GUARDIAN SIGNATURE:**

**(I AGREE TO THIS OBLIGATION OF PAYMENT)**

**DATE:**

## **BEHAVIOR, CONDUCT AND POLICIES**

ONCE PARTICIPANT IS ENROLLED, YOU WILL RECEIVE A FOLDER WITH IMPORTANT INFORMATION REGARDING BEHAVIOR, CONDUCT AND INSTRUCTOR POLICIES FOR CLASS. PLEASE READ THIS INFORMATION WITH THE STUDENT AND GO OVER ALL THE POLICIES FOR DANCEXSTUDIO, WHICH CAN ALSO BE FOUND HERE: [www.dancexstudio.com/summercamp](http://www.dancexstudio.com/summercamp)

*Making dance an integral part of fitness and mental development!*