

Dance Unlimited

Donna B. Grim, Director

244B South Jefferson St. Frederick, MD 21701 301-662-3722

Please fill in your CLASS SELECTION/DAY/TIME

Selection/day/time: _____ Selection/day/time: _____

Selection/day/time: _____ Selection/day/time: _____

Selection/day/time: _____ Selection/day/time: _____

Selection/day/time: _____ Selection/day/time: _____

STUDENT REGISTRATION INFORMATION

NAME: _____ F ___ M ___ BIRTHDATE: _____ AGE: _____
As of Sept. 1, 2009

GRADE ENTERING SEPT. '09: _____ SCHOOL ATTENDING: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #: _____ EMAIL: _____

Did you attend DU last year? ___ PRIOR DANCE/ACTING(if new to DU) _____

Does this student have any medical conditions we should be aware of? Circle YES or NO

If yes, please explain: _____

Does this student wear glasses? Circle YES or NO

PARENT/GUARDIAN INFORMATION

NAME: _____ RELATIONSHIP TO STUDENT: _____

EMAIL ADDRESS: (news and updates will be sent via email) _____

CELL # _____ HOME # _____ WORK # _____

I have read, initialed and understood the Tuition and General Information, General & Medical Release Information, and other terms located on the back of this form. By signing below, I agree to the terms and conditions explained on the back of this form and in the studio information and Policy Guide.

SIGNATURE : _____ DATE: _____

FINANCIALLY RESPONSIBLE ADULT: _____ PHONE # _____

Please Print Name

Revised June 2, 2009

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DANCE UNLIMITED AT THE PERFORMING ARTS FACTORY MAIL OR CALL IN YOUR REGISTRATION!

301-662-3722

Tuition Information

-First payment for **new students**, along with a \$25 non-refundable registration fee is due at the time of registration. Successive tuition payments are due as described in the tuition schedule. Students who have not remitted tuition by the 1st class of the quarter in which tuition is due will not be permitted to take class. There is a \$25.00 handling fee for any returned check.

-TUITION AND REGISTRATION FEES ARE NON-REFUNDABLE. EXCEPTION: Tuition will be refunded for medical reasons only (excluding nonrefundable fees and deposits) and only with a doctor's note. Refund due to medical reasons only will be tabulated from date written notification is received at the Dance Unlimited Office and a \$20 processing fee will be charged.

-Unless made at Director's request, class schedule transfers, drops or changes may be made only at the start of a tuition dance period and are subject to a \$20 processing fee.

-Tuition payments may be made by credit card, or to receive a discount, remit payment by cash or check. Regrettably, we cannot accept credit card payments over the phone.

INITIAL: _____

I understand that there is a \$15 late fee charged to my account if tuition is not paid by the first of the following month after quarterly tuition is due. **INITIAL:** _____

General Information

Policies and procedures included in the current Dance Unlimited Studio information and the Policy Guide and Tuition Schedule & Calendar apply unless otherwise noted within this registration form. It is the responsibility of the parent/student to read and understand these policies and procedures. Students are accepted with the understanding that they have enough self-control to work as part of a group and will adhere to studio policies. Students are expected to behave respectfully in class and on the premises toward teachers, staff and other students and families. Rudeness, lack of discipline, and/or disruptive behavior by any student/family member will be cause for immediate expulsion from the program. Dance Unlimited reserves the right to dismiss any student from the program without refund due to poor attendance, disorderly conduct or inappropriate behavior on the part of the student or any family member. Visitors/Observers are not allowed in classes except during twice yearly Observation Weeks.

INITIAL: _____

Recital for the 2009-2010 season in Sunday June 13, 2010 and Monday June 14, 2010.

I understand that dress rehearsal on June 12, 2010 is mandatory. No exceptions. **INITIAL:** _____

General & Medical Release

I, the above registered student or parent/guardian of the above registered student, do hereby give permission for the student to participate in activities/events/classes sponsored by Dance Unlimited, Incorporated. I understand and agree that this participation is at our own risk. I acknowledge that by attending and participating in these activities there is a possibility of physical illness or injury to myself/child/ward. I do hereby waive, release and forever discharge any and all rights, and claims for damages, for myself and others who might have a similar claim, arising now or in the future against Dance Unlimited Inc., its owners, operators, instructors, agents or representatives, and associates including, but not limited to, the Performing Arts Factory, Other Voices, Inc., and Smithereens Musical Theatre for any and all damages that may be sustained while participating in such activities/events/classes/performances. I authorize Dance Unlimited and/or its representatives/associates to use photographs and/or videos of above-registered student, taken in conjunction with classes, performances and events in its and its associates advertising, public relations and/or promotions.

INITIAL: _____

Revised June 2, 2009

<p>OFFICE USE ONLY: New / Returning from 08-09 / Transfer Dance Manager Account # _____</p> <p>Date 1st Payment Received: _____ Amount: _____ Check#: _____ Other: _____</p> <p>Regular Tuition: _____ Discount Tuition_(check or cash): _____ Monthly: _____</p> <p>Office Initials: _____ (Packet) (Roll Book) (Dance Manager) (Email List <input type="checkbox"/>)</p> <p>NOTES: _____</p> <p>_____</p>
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