

MISS KELLEY'S SCHOOL OF DANCE
2017-2018 Fall Registration Form

Student's Name _____ Date _____

Parent's Name _____

Address _____ City _____ Zip _____

Contact Phone _____ Emergency Phone _____ Email _____

Date of Birth ___/___/___ Age _____ Years of Dance? _____ Afternoon or Evening class preferred? (Please circle)

Welcome to "Miss Kelley's" School of Dance! Your monthly tuition and the fees listed below will be the only charges posted to your account throughout the upcoming year. PLEASE READ CAREFULLY – Thank you!

PLEASE CHECK AREAS OF INTEREST (Sorry, not all subjects are offered at both locations).

- | | |
|---|--|
| <input type="checkbox"/> One hour combination (ballet or tap and jazz) | <input type="checkbox"/> Forty-five minute class (clogging or hip hop) |
| <input type="checkbox"/> Two hour combination (one hour of ballet and one hour of tap and jazz) | <input type="checkbox"/> One hour Acrobatics/Cheerleading (tumbling, jumps and basic cheerleading) |
| <input type="checkbox"/> One hour technique/danceline/colorguard (Please circle) | <input type="checkbox"/> Private Dance Lessons |
| <input type="checkbox"/> One hour ballet/pointe | <input type="checkbox"/> One hour of Lyrical (must also take ballet) |

**Please select one of our PAYMENT OPTIONS below. You MUST select an option to be entered into our computer!
Due to September's late start, charges and drafts will not run until September 20th, 2017. Thank you!**

Monthly Draft – Drafts from your bank account will occur **between the 1st and the 10th of each month**. Please complete our ACH form and attach a voided check. (You may find this form online). **This is by far our most popular choice! Most people prefer this option of paying a little as you go, rather than a substantial amount at once!**

Quarterly Checks – With this option, you **prepay for the year by providing 3 checks upfront**. Please date your checks for: **September 20th, 2017, December 5th, 2017, and March 5th, 2018**. Please remember, fall quarter check must include the registration fee. Spring quarter check must include the recital fee. Any miscellaneous costs such as accessory, team, or solo fees, etc., will be billed at a later time. You will be enrolled in class once your form with the three checks attached is submitted.

Monthly automated late fees and insufficient fund charges will be added to accounts when applicable. Visit misskelleys.com for more information. Like us on Facebook, follow us on Instagram, and sign up for Remind texts in order to receive studio reminders.

A \$45 non-refundable registration fee per family is due at the time of registration. Those who register before June 30th will be given first priority on class selections. Some classes may have an **accessory fee, ranging from \$3 to \$25**, (this pays for items separate from your costumes such as a hat, cane, gloves, etc.) **The recital fee is \$75 per family, not per student**. This fee allows you as many people as you wish admitted to recitals and includes one program book per family!

To help us with our records, please list the party responsible for payment exactly as it appears on the check. **The person responsible for paying my child's tuition is:** _____ **Phone #:** _____

As a participant, or parent/guardian of a participant in the program, I acknowledge that there are risks of injury and I agree to assume those risks which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such programs, including traveling to and/or from the activities. I release all claims which may arise against, and agree not to sue, Miss Kelley's School of Dance, Inc. and its officers, agents, employees and volunteers from any and all claims by other parties resulting from injuries, damages and losses caused by me or my minor child arising out of, connected with, or in any way associated with the activities of the program. In the event of any emergency, I authorize Miss Kelley's School of Dance, Inc. officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for the payment of any and all medical services rendered.

I have read and agree to the terms of this registration. If I decide to withdraw my child after registering, I realize that I will continue to be billed until I officially fill out a withdrawal form through the office. If I withdraw my child after Nov. 1st, I understand that I will be financially responsible for full payment of costumes.

Parent/Guardian Signature _____ Date _____