

Children's Dance Workshop ~ 2006-2007 Registration Form

Please complete both sides of this form, sign it, and return with proper payment.

New and returning students: \$30.00 Non-refundable registration fee/student \$50.00/family

Payment is due at the time of registration. **Make checks payable to Children's Dance Workshop.**

Account Information: Please print clearly.

Student's Name _____ Age _____

Birthdate _____ Shirt Size _____ Pants Size _____

Health problems, allergies, injuries, or any other special needs we should know about?

Parent or Adult Responsible for Account _____

Relationship to student(s) _____

Other Parent's Name _____

Home Address _____

City _____ Zip _____ Development _____

E-Mail Address _____

Phone Numbers:

Home Phone
() _____

Mother's Cell Phone
() _____

Father's Cell Phone
() _____

Emergency Contact

Relationship to student

Tuition Election (circle one): Monthly Quarterly Yearly

Class	Day and Time	Class Time
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

For Office Use:

Total Hours: _____

Registration Fee _____

Tuition Amount: _____

Discount Amount: _____

Costume Fee: _____

Total Due: _____

Amount Paid: _____

Children's Dance Workshop ~ 8905 Regents Park Blvd. Suite 250 ~ Tampa, FL 33647
 813.907.5974 www.Jansendance.com email: Jansendance@msn.com

Emergency Information:

Who, if the parent is unavailable, should be notified in case of an emergency?

Name: _____ Phone: _____
Relationship to student

Who is the Pediatrician or Family Physician?

Name: _____ Phone _____

Please read the following carefully...

Release from Liability:

I understand with any athletic and physical training similar to what occurs in dance education, there is a risk of physical injury. I do hereby release Children’s Dance Workshop(CDW) and Jansen Dance Project (JDP) and any of its staff from any liability, which may occur on or around its premises or at any function sponsored by CDW or JDP that may occur off its premises. I have taken steps to obtain health insurance which will cover any sustained injury. In the event of an emergency, I give CDW and its staff the right to obtain medical services for the signatures below. I also understand that fully receiving proper dance training may involve adjustment of the dancer’s body by the teacher.

Tuition Agreement:

I understand I am financially responsible for the payment of tuition for those classes in which the student(s) are registered and I must make those payments in a timely manner. I understand my options for making those scheduled payments and the methods that I may utilize. I acknowledge that all classes are subject to change if less than 5 students are enrolled in the class. I understand all registration fees are non-refundable. There are no refunds or deductions for classes not attended or spring performance fees. A late fee of \$5.00 will be assessed on each unpaid account after the 10th of the month. Written notice or a phone call is required for any student wishing to discontinue training. I agree to abide by CDW/JDP’s tuition policies.

I have read, understood, and agreed to the Liability Release and Tuition Agreement.

Person Responsible for Account Payment _____

Signature _____ Date _____
Signature of Parent (if student is under 18) or student _____
Signature _____ Date _____

Publicity Release:

I authorize CDW/JDP for the use of my student’s name, picture, or other biographic information, which may be in CDW/JDP’s possession to be used in other materials and media for publicity, advertising, and marketing purposes. I understand that no compensation will be given by CDW/JDP for such use. (please initial) Yes _____ No _____

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