2020-2021 REGISTRATION FORM

To be filled out by the parent/guardian of each student at the beginning of each new year.

 **☐** NEW STUDENT **☐** RETURNING STUDENT

**STUDENT INFORMATION:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Primary Phone Number: (\_\_\_\_) - \_\_\_\_\_\_ - \_\_\_\_\_\_\_ Yrs of Dance: \_\_\_\_\_\_ Reg. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Primary Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Medical Conditions (please list any/all allergies, injuries, ongoing medical conditions and describe) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN #1:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_) - \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_

Email Address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN #2:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_) - \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_

Email Address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT** (not a parent or guardian);

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_\_\_\_\_) - \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about us?** Newspaper \_\_\_\_\_ Drive By \_\_\_\_\_ Word of Mouth \_\_\_\_\_ Online \_\_\_\_\_ Facebook \_\_\_\_\_ Instagram \_\_\_\_\_ YouTube \_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ALL Registered Students must provide us with a credit card on file.**

SDA will only charge this card if you have opted out of the Auto Draft policy and have not provided the front desk with another form of payment by the 10th of the month. (see page 3).

Credit Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_\_\_ Name as it appears on the card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing Address (if different than above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Schedule For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please print dancer’s name)

| **#** | **CLASS** | **TIME** | **DAY** | **=** | **# OF HOURS** |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  | = |  |
| 2 |  |  |  | = |  |
| 3 |  |  |  | = |  |
| 4 |  |  |  | = |  |
| 5 |  |  |  | = |  |
| 6 |  |  |  | = |  |
| 7 |  |  |  | = |  |
| 8 |  |  |  | = |  |
| 9 |  |  |  | = |  |
| 10 |  |  |  | = |  |
| 11 |  |  |  | = |  |
| 12 |  |  |  | = |  |
| 13 |  |  |  | = |  |
| 14 |  |  |  | = |  |
| 15 |  |  |  | = |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **TOTAL WEEKLY DANCE HOURS** |  |  | = |  |

#  Tuition Rates

 Our tuition rates are based upon the number of HOURS students dance per week.

| **TOTAL WEEKLY HOURS** |  **Monthly TUITION RATE for fall session.** |
| --- | --- |
|  |  |
| 45 min - 1 Hour  | $70 |
|  2 Hours  | $139 |
|  3 Hours | $190 |
|  4 hours  |  $240 |
| 5 Hours | $284 |
|  6 Hours  |  $320 |
| 7 Hours | $360 |
|   |  |
|   |  |
|  |  |
|  |  |
|  |  |
| UNLIMITED - | $385 |

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**Monthly Tuition Rate $ \_\_\_\_\_\_\_\_\_\_\_**

**Annual Family Registration Fee + \_\_\_25.00\_\_**

**Total due at time of registration $\_\_\_\_\_\_\_\_\_\_\_\_\_** \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* To be completed if this registered dancer is the SECOND registered dancer from your family:

Name of FIRST registered dancer from your family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Registration fee $\_\_$25.00\_\_\_\_\_\_\_\_**

**5% Sibling Discount - \_\_\_\_\_\_\_\_\_\_\_\_**

**Total due at time of registration $\_\_\_\_\_\_\_\_\_\_\_\_**

\*\* \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Method of Payment: CASH \_\_\_\_\_\_\_\_\_ CHECK\_\_\_\_\_\_\_\_\_CREDIT CARD ON FILE \_\_\_\_\_\_\_\_\_

Would you like to Opt Out of Automatic Billing? YES\_\_\_\_\_\_ NO \_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_

PLEASE READ THE FOLLOWING IN ITS ENTIRETY BEFORE SIGNING

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY**: I/we acknowledge and agree on behalf of ourselves, and if the student registering is a minor, on behalf of such minor student (I/we and such a student, if a minor, are hereafter referred to collectively as the “Student”) that Student’s use of Starlight Dance Academy (“Studio”) studio facilities, services, equipment, or premises, involves risks of injury to persons and property, including those described below, and I/we and Student assumes full responsibility for such risks. In consideration of being allowed to enter the Studio’s facilities and/or to participate in any related Studio events, for any purpose, whether or not at the Studio’s facilities, including, but not limited to, instruction, observation, use of facilities, services, or equipment, or participation in any way, Student agrees to the following: Student hereby releases and holds Studio, its managers, members, officers, contractors, employees, and agents (“Studio Parties”) harmless from all liability to Student and Student’s personal representatives, assigns, heirs and next of kin for any loss and/or damage, and waives any claim or demands therefore, on account of injury to Student’s person or property, including injury leading to the death of Student, whether caused by the active or passive negligence or otherwise of Studio Parties or anyone else, while Student is in, upon, or about Studio’s facilities or participating in any way in any Studio event whether or not at the Studio’s facilities. Student also hereby agrees to indemnify Studio Parties from any loss, liability, damage, or cost Studio Parties may incur due to the presence of Student in, upon, or about Studio’s facilities or observation or participation in any Studio activity whether caused by the active or passive negligence or otherwise of Studio Parties or anyone else. Student represents (a) that Student is in good physical condition and has no disability, illness, or other condition that could prevent Student from dancing and/or exercising without injury or impairment of health, and (b) that Student has consulted a physician concerning a dance and/or exercise program that will not risk injury to Student or impairment of Student’s health. Such risk of injury includes (but is not limited to): injuries arising from dance and/or exercise activities at the Studio’s facilities or at Studio related events; injuries or medical disorders arising from exercising such as heart attacks, strokes, heat stress, sprains, broken bones, and torn muscles and ligaments, among others; and accidental injuries occurring anywhere in Studio’s facilities. Student further expressly agrees that foregoing release, waiver and agreement is intended to be as broad and inclusive as is permitted by law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect. Student acknowledges that Student will be physically touched from time to time during his/her dance training and instruction and that Student will not hold the Studio Parties liable for such physical touching. In addition, the Studio Parties will not be held liable for and will be held harmless from any and all liabilities, losses, injuries, damages, or expenses related to the Student’s dance training at the Studio. Student has read this release and waiver of liability and indemnity clause, and agrees that no oral representations, statements, or inducements apart from this foregoing agreement have been made. **Initial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL EMERGENCY**: I hereby declare my dancer to be in good physical and mental health to participate in the classes I have approved and registered my dancer in and have listed any/all physical/mental conditions, problems, or restrictions. In the event of a medical emergency I give permission to SDA, its owners, faculty, staff, and/or operators, to seek the following medical treatment for my child in the event they are not able to reach a parent or guardian. Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Initial \_\_\_\_\_\_\_\_\_\_\_\_**

**PUBLICITY RELEASE**: Student hereby grants permission to Studio, to use photos and videos of Student for advertising and publicity purposes, inclusive of print advertising, educational video, television, website, videotaping or film broadcasting in connection with promotional campaigns. **Initial \_\_\_\_\_\_\_\_\_\_**

**TUITION POLICIES:** I/we the undersigned parent(s) or guardian(s), agree to timely pay the tuition fees NO LATER THAN the 5th of each month throughout the 2021-2022 dance session. All accounts will be set-up on Autodraft through SDA Business Square Account, unless requested to opt out. If my account is not paid in full by the 10th of the month and I do not provide the front desk with another form of payment, I understand that SDA will charge my card on file. I understand that I can choose whichever payment method (cash, check, credit card) I am most comfortable with but that a credit card is required at the time of registration in order to avoid late tuition. Otherwise, SDA will not charge my card on file unless I request to use it as my main form of payment; however, I understand that SDA will charge the card on file if I do not provide them with another form of payment before tuition is considered late. If my credit card is declined for any reason, I understand that a $20 late fee will be added to my account if I do not provide SDA with another form of payment within 48 hours of being notified that the card was declined. If there is still a balance on my account after 2 months of non-payment, I understand that my dancer will not be permitted to attend class and SDA will be forced to contact a third party to help collect my payment. A $25 service charge will also be added to any returned checks to cover processing charges. If there are not enough students enrolled in a class, SDA reserves the right to cancel the class. In the event that this happens, SDA will attempt to place my dancer in another suitable class. If another class cannot be found, SDA will refund me for the hours the cancelled class did not meet and I will not be responsible for tuition for that cancelled class. I understand that SDA does not send out statements, my cancelled check is my receipt, but a receipt for cash payments is available upon request. Whether my dancer attends class or not, I am still responsible for tuition. All missed classes must be made up during the Fall/Spring dance session and all missed hours do NOT carry over to future dance sessions. I understand that my dancer’s participation in the Annual Performance May 2019, is expected but not required and that I must notify the front desk if my dancer will NOT be participating in the Annual Performance. Please note: Tuition is paid monthly from September thru May. Regardless of your participation in the Annual Performance, May tuition will be your last tuition payment for this session. There are NO refunds or credits for missed classes. If you miss a class, you are welcome to choose any age/level appropriate class from our full schedule to take as a make-up class. Company Tuition and Fees are figured differently and will be on your Company Contract. **Initial \_\_\_\_\_\_Does not apply to summer session\_\_\_\_**

**MAKE UP POLICY**: Tuition is calculated based on the number of total classes for the year. Since each class will meet throughout the year, tuition will remain the same each month regardless of holiday closings or short months. If your dancer misses a class, you may choose any age/level appropriate class of the same length on our schedule to be used as a makeup class within the same month of the missed class. **Initial \_\_\_**

**ANNUAL PERFORMANCE PARTICIPATION & POLICIES**: Two recitals Dec & June. TBA

. **Initial \_\_\_\_\_\_\_\_\_\_\_\_\_**

**REGISTRATION FEE:** An annual registration fee of $25 is due at the time of registration for each dancer registering for our Fall/Spring 2020/21 session. **Initial \_\_\_\_\_\_\_\_\_**

**PLEASE INiTIAL FOR AUTHORIZATION AND CONSENT BELOW :**

**I understand that tuition is due the 1st of each month and will be on AutoPay. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand that my credit card on file will be charged if tuition is not paid by the 10th of the month regardless if you’ve opted out of AutoPay. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand that if I am late with my payment for two consecutive months, I will be placed on Auto-Bill for the remainder of the 2020/21 Season. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand that tuition rates are fixed and that all classes are non-transferable. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand that I am responsible for tuition from September through June of 2022 and my credit card on file will be charged for a full month’s tuition unless I complete an official Change/Drop Form and turn it into the front desk at least 14 days before the next billing cycle. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand that if my class has 5 or fewer students registered, SDA has the right to cancel the class. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand that there are no refunds or credits. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand that if my dancer misses a class, she/he may choose another age/level appropriate class to take as a makeup and that whether my dancer attends a class or not, I am still responsible for tuition. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand that makeup classes for missed classes do not transfer over into any future dance sessions and must be used within 30 days of the missed class or before the Annual Performance. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **By agreeing to participate in the Annual Performance, I understand that it is MANDATORY for my dancer to attend her/his assigned Dress Rehearsal and that failure to do so may result in my child’s removal from all SDA Annual Performances.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand that it is MY responsibility to check, read, and respond if necessary to all emails sent by SDA pertaining to my child’s participation in the Fall/Spring 2021-2022 session. It is my responsibility to follow all directions therein and address any/all questions or concerns with SDA staff in a timely fashion so that my child and I are aware of all information pertaining to schedule changes, costume ordering, Photo Day, Dress Rehearsals, and Annual Performances as well as emails sent directly to me containing my account balance information. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand that all SDA fees (tuition, costumes, late fees, private lesson fees, returned check fees, etc..) must be paid in full in order for my child to participate in the 2020/21 Annual Performances. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I HAVE READ THIS FORM IN ITS ENTIRETY AND I UNDERSTAND AND AGREE TO ABIDE BY ALL TERMS AND CONDITIONS STATED ABOVE.**

**PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT PARENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**