The Pointe Academy Dance Center

**REGISTRATION FORM**

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| **FAMILY LAST NAME:****Click or tap here to enter text**. |
| Address: Click or tap here to enter text. |

**PARENT/GURADIAN INFORMATION:**

If student(s) is a minor, name of parent or legal guardian responsible for the student- Please fill out each space for each guardian/ parent (mother/father):

|  |  |
| --- | --- |
| **Name**: Click or tap here to enter text. | **Relationship to student(s):**Click or tap here to enter text. |
| **Primary phone**: ( ) - | **Email address:** Click or tap here to enter text. |
| **Cell phone:** ( ) - | **Work phone**: ( ) - |
| **Name**: Click or tap here to enter text. | **Relationship to student(s):** Click or tap here to enter text. |
| **Primary phone:** ( ) - | **Email address:** Click or tap here to enter text. |
| **Cell phone**: Click or tap here to enter text. | **Work phone**: ( ) - |

If student(s) is a minor, name of parent or legal guardian responsible for bill payments:

|  |  |  |
| --- | --- | --- |
| **Name**: Click or tap here to enter text. | **Email:** Click or tap here to enter text. | **Phone:** Click or tap here to enter text. |

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| **Health Insurance Carrier**: Click or tap here to enter text. | **Policy Number**: Click or tap here to enter text. |
| **Subscriber Name:** Click or tap here to enter text. | **Subscriber DOB**: Click or tap here to enter text. |

In case of emergency, please list name of next of kin other than parent or guardian:

|  |  |
| --- | --- |
| **Name:** Click or tap here to enter text. | **Primary Phone:** Click or tap here to enter text. |

**STUDENT INFORMATION:**

*PLEASE COMPLETE THE FOLLOWING FOR ALL STUDENTS WHO WILL BE ATTENDING THE ACADEMY*

If applicable, please list all medical, mental or developmental limitations of the student which, in any way may limit, inhibit or otherwise affect the student’s ability to participate in dance or other programs offered by the Academy. If any limitation is not listed, the Academy will consider this as representation that one does not exist. We urge you to carefully review the above request when filling out student information. An undisclosed limitation may cause harm to the student and or result in a less than enjoyable experience at the academy.

Any such information given to the Academy will be kept confidential to the best of its ability, but you should know that such disclosure does not enjoy the status of a privileged communication as stated in HIPPA. The only parties to whom such information would ordinarily be disclosed would be the owner, Marybeth Tremp-Seeger, the Academy’s administrative assistant and instructors.

Please fill out the information for each student who will be attending the academy.

|  |  |  |
| --- | --- | --- |
| **Student Name:** enter text. | **DOB:** MM/DD/YYYY | **Student Email:** enter text. |
| **Disabilities:** enter text. | **Allergies:** enter text. | **Student Phone:** enter text. |
| **Student Name:** enter text. | **DOB:** MM/DD/YYYY | **Student Email:** enter text. |
| **Disabilities:** enter text. | **Allergies:**  enter text. | **Student Phone:** enter text. |
| **Student Name:** enter text. | **DOB:**MM/DD/YYYY | **Student Email:** enter text. |
| **Disabilities:** enter text. | **Allergies:** enter text. | **Student Phone:** to enter text. |

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| **Name of primary school in which students attend:** Enter Text Here |
|  |
| **List brief description of prior dance instruction:** Enter Text Here  |

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| Parent SignatureName of student or parent/guardian giving consent if student is a minor: | DATE |

**THE POINTE ACADEMY DANCE CENTER**

**MEDICAL AUTHROIZATION**

Medical Authorization: Any time you are going to be separated from your children, it is a good idea to leave written permission with someone for emergency medical treatment. By law, hospital emergency personnel can do nothing for your child in the event he or she becomes ill or injured, except in life or death situations, without parental authorization. Your child’s care could be needlessly delayed while the hospital attempts to contact you. With the proper consent on file, we can attempt to provide your child with immediate care should it be necessary in your absence.

**Name(s) of Child(ren):**

|  |  |
| --- | --- |
| Last Name First Name Middle Name  | **DOB**: MM/DD/YY |
| Last Name First Name Middle Name  | **DOB**: MM/DD/YY |
| Last Name First Name Middle Name  | **DOB:** MM/DD/YY |

The undersigned does herby grant to the individual(s) listed below,

 Marybeth Tremp-Seeger

Or in the event none of the individual(s) is available, I herby grant the following individual, (please indicate),

|  |
| --- |
| **Primary Care Physician** Enter text.**:**  |
| **Preferred Hospital:** Enter text. |

The limited Power of Attorney to act for me and to give the required consents and authorizations for the delivery of medical care, diagnoses and treatment, including surgical intervention if necessary, on behalf of my minor child(ren) listed above for a period of time when the above child(ren) are attending class at the Pointe Academy Dance Center which will include the time when the child is dropped off for class and is picked up by a responsible adult after class.

The limited Power of Attorney is given pursuant to the provisions of 1978 PA 642, Sec. of the Probate Code. Said Power of Attorney is not to exceed one year. The undersigned agrees to reimburse any of the above-named parties and/or the Pointe Academy Dance Center for any and all medical expenses incurred for the child(ren).

|  |  |
| --- | --- |
| Witness, PADC Staff Member | Parent Signature.**Signature of parent/guardian giving consent** |
| Date | Enter text.**Relationship to Child** |
|  | Type home address here |
|  | **Date.** |

**POINTE ACADEMY DANCE CENTER**

**RELEASE**

The Student, in attending the Pointe Academy Dance Center, is using the facilities provided and is participating in instruction as well as recitals and other events sponsored by the Academy, does so at his or her own risk. Pointe Academy Dance Center, and/or its staff, instructors, agents, servants, employees and representatives shall not be liable for personal injuries sustained by a student in, on or about the dance studio and dance conventions, and fully and forever releases and discharges Pointe Academy Dance Center and/or its staff, instructors, agents, servants, employees and representatives from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated resulting from or arising out of the Students participation in instruction or any other event or program at the studio, or away from the studio but which is sponsored by or participated in by The Pointe Academy Dance Center.

Subscribed and sworn to:

Click or tap here to enter text. Click or tap here to enter text.

**Witness Signature of Student**

If student is a minor, this is subscribed and sworn by:

Click or tap here to enter text. Click or tap here to enter text.

**Signature of Person Qualified to execute this release Relationship to Student(s)**

**Tuition and Payment Obligation**

Tuition is due on the 1st of each month with the exception of June. **We require a combined May/June tuition to be submitted on May 1.** All families *must* have a credit card on file for the 2020-2021 dance year.We will **only** be accepting credit card payment for 2020-2021. If you have opted out of the automatic credit card payment plan and your payment has not been processed online 7th of the month. Failure to submit payment by the 7th of the month will result in a $25 late fee, with an additional $10 each week the balance remains unpaid, *no exceptions will be made.* If payment for student concert fees is not received 15 days from the due date, a $25 late fee, with an additional $10 each week the balance remains unpaid will be added to your account, *no exceptions will be made.* If your credit card is declined whether you are on the automatic payment plan or not, a $35 declined transaction fee will be applied to your account; if your check is returned, *no exceptions will be made.*

\*Please note: Tuition is based upon a 10-month dance instruction year. Some months may not have a full component of classes offered due to recognized national holidays. In addition, tuition remains the same whether or not any particular month has 3 weeks, 4 weeks or 5 weeks of dance instruction. Please see boxes below for additional payment obligations. ***There will be no exceptions to tuition and payment obligations.***

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| --- | --- | --- | --- | --- |
| **SEPTEMBER 2020**June 2021 Student Concert Ticket (6) Deposit **PRICE TBD** | **NOVEMBER 2020**Dependent on students’ class2021 student concert costume deposit**$40.00 Pre dance****$65.00 *Per* dance** | **DECEMEBER 2020**2021 Student concert DVD & Finale**PRICE TBD** | **FEBRUARY 2021**Dependent on students’ classStudent Concert costume Balances**PRICE TBD** | **APRIL 2021**Repertory Company must sell ad for $100.00 for student concert program  |

Costume & Sizing notes: Each student, as a member of the Pointe Academy Dance Center, is entitled to participate in the Student Concert. The Pointe Academy Dance Center tries very hard to order the correct size costume for each student. The cost of costume alterations and costume exchanges (if possible) ***are******your responsibility.*** If you would like to pick your students size for costumes, please fill out the costume sizing form and submit it with your registration form. Costume deposits are non-refundable and non-transferable- **a credit will not be applied to your account for dropped classes in which a costume deposit/balance was paid.** Once a costume deposit has been made, costumes are ordered, and you are responsible for any remaining balances.

Photo Release: I do herby give The Pointe Academy Dance Center the right to use my child’s name or

photograph in all forms of media (print or electronic) or for any other lawful purposes. I also waive the right to inspect or approve the finished product, including written copy, that may be created in connection therewith.

By competing this Registration Form, I acknowledge receipt of the following: the obligation for payment of tuition and other listed payment obligations, the obligation for the deposit and payment for costumes for the student concert, costume sizing, photo release, medical authorization, and release of liability.

Parent/Guardian Signature Date.