

Debbie Felton's Academy of Dance, LLC

STUDENT RECORD/CONTRACT AGREEMENT (_____ dance season)

Student Name(s): _____ Age: _____ Birthdate: _____

Address: _____ Main Phone: _____
City: _____ Zip _____

Mother's Name: _____ Mom Cell: _____
Father's Name: _____ Dad Cell: _____

Email Address: _____
(required)

Medical Conditions the studio should be aware of: _____

Emergency Contact (other than parent): _____ Phone# _____

Class Name:

_____	Day _____	Time _____
_____	Day _____	Time _____
_____	Day _____	Time _____
_____	Day _____	Time _____
_____	Day _____	Time _____
_____	Day _____	Time _____

OFFICE USE ONLY PLEASE

Monthly Fee: _____ Registration Fee: _____

Notes:

Additional fees: _____

	Paid/Date	Amount	CC#/Check#/Receipt#
Sept.	_____	_____	_____
Oct.	_____	_____	_____
Nov.	_____	_____	_____
Dec.	_____	_____	_____
Jan.	_____	_____	_____
Feb.	_____	_____	_____
March	_____	_____	_____
April	_____	_____	_____
May	_____	_____	_____

Costumes: _____

Parent/Guardian/Student over 18: Must Read and Sign Below

Tuition charge is based on a 34 week Dance year, but for your convenience, billed in 9 monthly installments (Sept-May). Tuition payments are due the 1st day of each month. A late fee will be assessed on any balance not paid by the 10th of each month. Check, cash, or credit, may pay accounts. No Refunds on Missed Classes. All late fees, May tuition and/or any other outstanding balances must be paid in full prior to the release of June Performance tickets. *Tuition, registration fees, costume payments, competition fees, and performance tickets are non-refundable.* Absences must be reported to the office prior to class. (5) Missed and excused classes may be made up in the same level or a level below within one (1) month's time of an absence only. Parents may observe class during Open Window Week only or by special request. Classes are subject to cancellation or rescheduling at the Academy's discretion. The Academy is not responsible for student property. Any student destroying or damaging property will be promptly dismissed. Students are not permitted to smoke on Dance property. A student may be expelled on the basis of their behavior and/or the actions of their parents at the Academy's discretion. The Academy requests that each student enrolled, consult with a physician with respect to any past or present illness or injury that may affect his/her participation in an ability to endure the dance program. Non-compliance with the policies of Debbie Felton's Academy of Dance, LLC. may result in the dismissal of a student and/or family.

I herby authorize and give my full consent to Debbie Felton's Academy of Dance and its' representations and employer to take photographs and/or video of me, and /or my child(ren) while attending the Debbie Felton's Academy of Dance studio or events associated with the dance academy. I further authorize and give my consent to Debbie Felton's Academy of Dance to copyright and/or publish any and all photographs, videotapes and/or film in which I or my child(ren) appear and also to transfer, use or cause to be used, these photographs, videotapes, any form of print media, broadcast media, or Debbie Felton's Academy of Dance websites without limitations or reserving.

I, the undersigned, acknowledge that I have read the above paragraph, and the parent handbook/guidelines, that I understand it, and that I have discussed with my physician the dance program and physical and/or emotional illnesses or injuries my child has. I agree to be solely responsible for any and all costs, damages, and expenses incurred by me and/or my child as a result of any injury sustained from participation in any classes taken at Debbie Felton's Academy of Dance, LLC. I further agree not to hold Debbie Felton's Academy of Dance, LLC., its staff and/or instructors responsible in any way for such injury. I agree not to hold Debbie Felton's Academy of Dance, LLC. or its staff responsible for my child or myself while he/she is not in class.

Parent/Guardian Name (please print)_____

Signature_____ Date_____