**THE STUDIO**

**Academy of Dance and Music**

**Registration Information Sheet**

**463-9501**

**www.childseyes.org**

**Date signed up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Class(es) Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Class(es) Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Class(es) Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Class(es) Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Class(es) Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents’ Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Level and Years of Dance Experience\_\_\_\_\_\_\_\_\_\_\_\_\_ (0) if never danced before. \* This helps to find the perfect class for your child\***

**Are you in need of financial assistance?** \_\_\_\_\_\_\_\_\_\_\_ **Yes or No**

**If required, are you willing to provide the necessary financial information? \_\_\_\_\_\_\_\_\_\_\_\_ Yes or No**

**Shoe Size\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child or Adult (This helps with sizing for costumes etc…..)**

**Please Circle one:**

**Child: XS S (6-8) M (10-12) L (14-16) XL (18-20) Adults: XS S M L XL XXL XXXL**

**Are there any health concerns we need to know about? If so, please list:**

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

|  |
| --- |
| **Dancer Information:** |
| **Dancer’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Home Phone :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_/\_\_\_/\_\_\_\_**  **Parent/Legal Guardian Information:**  **\*\*Please Provide an E-mail address\*\***  **Mother:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Father:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Other Responsible Party Information:**  **Other responsible Guardian or party: relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Health Information:**  **Chronic Health Problems or Injuries**: **YES [ ] OR NO [ ]**  **Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Regular Medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Physician’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician’s Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Preferred Medical Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Dancer Behavior: Students will respect their fellow dancers, teachers, and directors. All decisions made by the teachers and the director are binding. While representing “The Studio”, students will be expected to conduct themselves with proper etiquette. (Initial):

**Dancer Signature**:

**Agreement Waiver**

Dancer: As a student of “The Studio”, I hereby comply with the student rules, requirements and regulations which have been established by The Studio Academy of Dance and Music and Through a Child’s Eyes Foundation.

**Printed Name: Signature:**

**Date: Date of Birth:**

**Responsible Party:** Parent/ Guardian or Adult Student: I agree that the information given here is correct and that my child has my **full consent** to participate in the events hosted by **The Studio Academy of Dance and Music** .In the event that my child becomes ill or injured and I cannot be reached**, I herby consent to** **any emergency medical treatment** that may be deemed necessary by a physician, including calling 9-1-1

Printed Name: Signature:

Date:

Responsible Party: Parent/ Guardian or Adult student: I do herby agree to comply with the requirements, polices, and regulation, which have been established by The Studio Academy of Dance and Music and Through A Child’s Eyes Foundation. While benefits derived from participating in the dance program are great, there are also calculated risks in such participation. Both participants and parents/guardians are herby advised that an element of risk is present in all such participation. I assume all risks and hazards incidental to dance training, performances, and fundraising events. I do further release, indemnify, and hold harmless The Studio Academy of Dance and Music and Through a Child’s Eyes Foundation faculty, officers and /or directors. The Studio reserves the right to ask for physician approval as indicated. The Studio Academy of Dance and Music reserves the right to refuse training to any interested party not possessing the necessary skills, talent, or physical requirements. I herby certify that I have read the foregoing and any attached material, understand it and sign this document voluntarily.

Printed Name: Signature: 

Date: Parent Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 

Email Address:

**Studio 14 Rules -2018-19**

1. Please come to class each day prepared and ready to have fun!

2. Parents, please refrain from coming to practices. Your child is in good hands, so please do not worry.

**Proper attire is required:**

**Hair must be pulled back in a bun, Ballet slippers, Tap, Jazz, Black or Pink Leotards, Pink or black tights. (We understand that you may not have tights, leotards, or slippers at this time, but please obtain them ASAP.) You may purchase these items here @ The Studio.**

4. Parents, you must accompany your child into the dance studio and out of the dance studio. Also, if someone other than the guardian is picking them up, please advice.

5. Payments are due at the beginning of each month. Your child will not be allowed to dance if fees are not paid or arrangements have not been made as we have to pay our teachers.

6. Having fun and learning to love dance are our top priorities.

7. We know that many students have cell phones. Please do **NOT** text or call your child during class. In case of an Emergency or change in transportation etc. Please call the office **(463-9501**) or my cell (**775-722-0668**), and we will make sure your child receives the message. (**STUDENTS PLEASE LEAVE ALL CELLPHONES/ ELECTRONIC DEVICES ON THE TRAY AT THE FRONT DOOR OR LEAVE THEM AT HOME)**

8. Please call if your child will not be in class for any reason, so we don’t worry!

9. Please remind your children to pick up all trash and put all shoes and dance attire in their dance bags.

10. Please **NO FOOD OR DRINK** in **DRESSING ROOM** – Water is fine!

11. If you have any questions or concerns, you are welcome to call me (**463-9501)** or my cell **(722-0668)**

WHEW!! Lots of rules--- We want your child’s dance experience to be a wonderful one-

“**Dancing is like dreaming with your feet.”**

**Keep dreaming…..**

Fondly,

Miss Cathe

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDIO 14**

**CLASS PRICE LIST**

**A one time registration fee of $25 is requested per season per dancer, this helps cover costs of costumes & snacks etc. All costumes are provided**

**1 CHILD:**

**1 CLASS PER WEEK PER MONTH =$40.00**

**2 CLASSES PER WEEK PER MONTH =$76.00**

**3 CLASSES PER WEEK PER MONTH =$108.00**

**UNLIMITED CLASSES (4 OR MORE)**

**PER WEEK PER MONTH =$132.00**

**FAMILY DISCOUNT:**

**1 Student (1 class) per wk for 1 month =$40.00**

**2nd child, 20% off =$32.00 // 3rd child or more = Family Discount**

**1 Student (2 classes) per wk for 1 month =$76.00**

**2nd child, 20% off =$60.80 // 3rd child or more = Family Discount**

**1 Student (3 classes) per wk for 1 month =$108.00**

**2nd child, 20% off =$86.40 //3rd child or more =Family Discount**

**1 Student (4 classes) per wk for 1 month =$132.00**

**2nd child or more, 50% off Unlimited =$66.00**

**IMPORTANT NOTICE:**

**ALL TUITION IS DUE ON THE 1ST OF EVERY MONTH, NO LATER THAN THE 8TH, UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE PER MISS CATHE!**

**THANK YOU :)**

**THE STUDIO**

**775-463-9501**

**PARENT SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-MAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**