

TODAYS DATE ____/____/____

WILLOW STREET STUDIOS, INC – Application For Enrollment

REGISTRATION FEES: \$15 (single student) \$20 (2 or more in family)

FAMILY INFORMATION (PLEASE PRINT CLEARLY!!)

Parent/Guardian: First _____ Last _____

Parent/Guardian: First _____ Last _____

Student(s) Name(s): _____

Student(s) Age(s) _____

Address: (Street) _____ (City) _____ (State) ____ (Zip) _____

Phone: (Home) _____ (Cell name&#) _____

(Cell name&#) _____

(Work name&#) _____

(Work name &#) _____

Primary E-Mail: < _____ >

Other Family E-mail: (Optional) < _____ >

It is important that we have your email written clearly. We use email to send announcements, weather cancellations, billing information, etc.

Emergency Contact other than parent:

Name: _____ Relation: _____

Phone: _____

MEDICAL RELEASE: In case of emergency that needs medical attention beyond our capability to deal with, we will call the parent/guardian and 911 and have the student go to Carbondale Memorial Hospital. If you do not agree please inform us via email <dancewillow @gmail.com>.

Parent/Guardian Signature: _____ Date: _____

I am aware that dance training and the stretching exercises associated with it place unusual stress on the body and carry with them the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume the risk and agree that the Willow Street Studios, Inc. and all employees shall not be liable in any way for injuries sustained during attendance at the studio or any of its related functions. It is also understood that dance instruction involves kinetic corrections that may include physically touching the student as part of regular class work and rehearsals.

Parent/Guardian Signature: _____ Date: _____

PHOTOGRAPHY AND VIDEO RELEASE: I grant to Willow Street Studios, its representatives and employees the right to take photographs of me or my child in connection with dance classes, rehearsals, events, and performances. I authorize Willow Street Studios, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Willow Street Studios may use such photographs of me, with or without my name, for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content. This could include, but is not limited to, Willow Street Studios homepage, Facebook, Twitter, Instagram and other social media.

Parent/Guardian Signature: _____ Date: _____

COVID 19 WAVER: I have read and understand the Willow Street Studios Covid-19 Protocol and I assume the risk and agree that Willow Street Studios and employees will not be liable if myself or child contracts the Covid-19 virus.

Parent/Guardian Signature: _____ Date: _____

FAMILY CLASS SCHEDULE:

STUDENT NAME: First _____ Last _____

AGE: _____ **BIRTHDAY** _____ **SEX** _____

Medical Conditions (Please list any known medical conditions including allergies

CLASS _____ **TIME** _____ **DAY** _____

TEACHER _____ **HRS/WEEK** _____

CLASS _____ **TIME** _____ **DAY** _____

TEACHER _____ **HRS/WEEK** _____

STUDENT NAME: First _____ Last _____

AGE: _____ **BIRTHDAY** _____ **SEX** _____

Medical Conditions (Please list any known medical conditions including allergies

CLASS _____ **TIME** _____ **DAY** _____

TEACHER _____ **HRS/WEEK** _____

CLASS _____ **TIME** _____ **DAY** _____

TEACHER _____ **HRS/WEEK** _____

Please make copies if you need more pages.

Fill in all the information including the class or classes that your dancer has enrolled into. Thank You!

TUITION PAYMENTS:

- EACH ONE HOUR CLASS IS \$50 FOR A MONTH.
- MONTHLY PAYMENT IS DUE BY THE 10TH OF EACH MONTH.
- TUITION IS BASED ON A MONTHLY PAYMENT REGARDLESS OF THE NUMBER OF CLASSES A STUDENT ATTENDS. THERE IS NO ADJUSTMENT TO THE FEE.
- TO DROP A CLASS NOTIFY SUSAN BARNES AT dancewillow@gmail.com AT LEAST ONE WEEK BEFORE THE BEGINNING OF THE NEXT MONTH. YOU WILL BE CHARGED AND RESPONSIBLE FOR PAYMENT IF THIS PROCEDURE IS NOT FOLLOWED.
- WHEN PAYING BY CHECK INDICATE ON THE MEMO LINE THE FIRST AND LAST NAME OF THE STUDENT AND THE CLASS BEING TAKEN.
- WHEN PAYING BY CASH PUT IT IN AN ENVELOPE WITH THE FIRST AND LAST NAME OF THE STUDENT AND THE CLASS BEING TAKEN.

TUITION REFUND POLICY:

- BEFORE THE FIRST CLASS – 100%
- NO REFUNDS WILL BE GIVEN IF YOU DECIDE TO DROP THE CLASS OR YOU MISS A CLASS DURING THE MONTH YOU HAVE PAID FOR.
- IF YOU MISS A CLASS WE WILL FIND ANOTHER CLASS TO MAKE UP FOR YOUR MISSED CLASS.

I UNDERSTAND AND AGREE TO THE

ABOVE: _____ DATE: _____

PERSON RESPONSIBLE FOR PAYMENT _____

NAME OF STUDENT _____

