

## REGISTRATION FORM

## THE DANCE EXTENSION, LLC

Parent Name \_\_\_\_\_ Student Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Emer. Contact Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  Check for registration confirmation by email  
How did you learn about The Dance Extension?  Newspaper  Yellow Pages  Referred by \_\_\_\_\_  
Physical limitations/Medical conditions/Allergies: \_\_\_\_\_

- Rhythm & Movement (3-4 yrs): Chapman Studio, Saturdays 12:40 am – 1:25 pm
- Dance Adventures (4-5 yrs): Chapman Studio, Tuesdays 4:15 – 5 pm
- Dance Adventures (6-8 yrs): Chapman Studio, Wednesdays 5:15 – 6:15 pm
- Kids Hip Hop (8-12 yrs): Chapman Studio, Fridays 4:15 – 5:15 pm
- Teen/Adult Hip Hop: Chapman Studio, Wednesdays 6:15 – 7:15 pm

**Dates:** Classes meet the weeks beginning January 25<sup>th</sup>, Feb. 1<sup>st</sup>, 8<sup>th</sup>, 22<sup>nd</sup>, March 1<sup>st</sup>, 8<sup>th</sup>, 15<sup>th</sup> & 22<sup>nd</sup> (and March 29<sup>th</sup> & April 5<sup>th</sup> for the 10 week session.) **We are closed the week of Feb. 15<sup>th</sup>.**

### Tuition:

8 Week Session: \$120

10 Week Session: \$150

Registration Fee (Non-Refundable):	\$20.00
8 or 10 Week Session Tuition:	\$ _____
Total Enclosed:	\$ _____

**Please read & sign the registration agreement below and return with payment to The Dance Extension, 8 Chapman Avenue, Quaker Hill, CT 06375 before Jan. 25<sup>th</sup> to insure class placement. Call for availability after this time.**

## REGISTRATION AGREEMENT

I understand tuition for the current session, January 25<sup>th</sup> – April 10<sup>th</sup>, 2010, is due on or before the first day of class, tuition is payable in cash or by check made payable to The Dance Extension, LLC, and a non-refundable annual registration fee is due at the time of registration. **I understand The Dance Extension, LLC issues statements for overdue accounts only. There is a \$20.00 fee for each check returned by the bank.**

**I understand I am responsible for payment of the entire term in which the student is registered; tuition is non-refundable; and in the event of absence payment must be mailed to The Dance Extension, 8 Chapman Avenue, Quaker Hill, CT 06375. I agree to submit advanced written notification to the Dance Extension, LLC prior to the first day of the session in order to withdraw the student from class(es) and cancel this contract. I understand my account will remain open and I am responsible for tuition payments and late fees regardless of absence until such notification is received by the Dance Extension, LLC.** I understand it is the student's privilege to make up missed classes in a class other than one in which the student is registered; make ups must be completed during the same session as the absence; students may not take makeup classes for another student's absence; tuition will not be refunded or pro-rated for unattended or canceled classes; and refunds in the case of prolonged illness or injury must be verified by a physician's certificate and are at the discretion of the director.

I understand the Dance Extension, LLC reserves the right to cancel a class due to insufficient enrollment; to refuse registration if a class has reached capacity; to substitute a qualified instructor in the absence of the regularly scheduled teacher; to photograph and use in publicity all photos taken on the premises; to terminate without refund the enrollment of any student for failing to comply with studio policies.

I hereby release The Dance Extension, LLC, its officers, directors, employees, and agents from any and all liability which may result from the conditions on or about the business premises, operations of the business premises or any other facilities used for the Dance Extension, LLC functions, from the student's participation in dance or other activities while at said premises. The person hereinafter signing this contract on behalf of the student accepts full responsibility for any and all such damage or injury of any kind that may result to the student from any cause. I agree to advise The Dance Extension, LLC in writing of all pre-existing physical and/or medical conditions, including allergies, of said student.

I agree that as a condition of the student being allowed to use the facilities of the Dance Extension, LLC or any other facilities used by the Dance Extension, LLC for any other functions, that I freely accept and voluntarily assume any and all risk of property damage, personal injury or death resulting from said use. By signing below I likewise agree not to hold the Dance Extension LLC, its officers, directors, employees or agents, liable for any property damage, personal injury or death that results in any way during my presence at the Dance Extension, LLC and the use of its facilities.

I agree to and understand all the terms and conditions of this agreement and those outlined in the studio handbook, and acknowledge agreement with my signature below.

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_