

Siblings (Dancers at FLDC)

Please complete a separate
Page 1 for each sibling

Frances Lea Dance Center

200 E. Main St Suite A
Crowley, TX 76036
817-263-7888

STUDENT REGISTRATION FORM

OFFICE USE ONLY

Monthly Tuition_____

ART Start Date_____

Customer Number _____

___Class List___Attendance___Indiv___UgLg

Registration Year: **2025-2026**

___ Returning Student ___ New student

Today's Date: _____ Shirt Size: _____

Dancer's Birthday: _____

Dancer's Name: _____

Parent Name: _____ Parent Name: _____

Address: _____ City: _____ Zip Code: _____

Mom's Cell Number: _____ Dad's Cell Number: _____

Parent Email: _____

Emergency Contact Name & Number: _____

Current Grade: _____ Current School: _____

Day	Class	Time	Teacher	Min/Class

Parent's Signature: _____ Date: _____

How did you hear _____ Friend _____ Website _____ Passed by Studio _____ Facebook _____ Instagram _____ Tik Tok
about us? Please check _____ Flyer- From where? _____ Portable Sign/Banner- From where? _____



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MINOR STUDENT WAIVER OF LIABILITY STATEMENT

I, _____, agree to indemnify and hold harmless the Frances Lea Dance Center, its staff, agents, representatives, employees, owners, and/or any other person or place that holds classes, rehearsals, or performances related to activities for these entities in conjunction with the Frances Lea Dance Center in Crowley, Texas, for any damages incurred from any injury of any kind resulting from my child's participation in dance classes, programs, and activities. I understand that in case of illness, injury, accident, or any other damage to my child's person or property while participating in these programs which may require attention by a physician and/or hospitalization, I will bear the expense personally or by insurance that I have provided for myself. Any other cost or damages resulting from my child's participation in these programs, such as the cost of transportation by an emergency vehicle or damages to third persons, is also to be paid by me or by my own insurance.

Printed Name of parent or guardian

Signature of parent or guardian

Date Signed

Agreement of Classroom Protocol

I understand that the accepted practice and methodology of dance training entails "hand on" and other forms of physical contact with instructions and other students, and that is necessary for a student to learn at an appropriate pace. I understand that if there is currently, or ever would be, any reason why my child should not be touched, or should only be touched in a specific way, that it is my responsibility to inform **EACH** instructor of what is acceptable, and to discuss any related physical or mental issues with them.

Signature of parent or guardian

Date Signed

Statement of Physical Condition and Personal Responsibility

I hereby agree that my child is in good physical condition, and receives appropriate medical treatment and annual checkups, and has clearance from a doctor to participate in an exercise program. I understand that it is my responsibility to receive clearance from a medical doctor for any physical conditions that may be of concern, may hinder classroom performance, or may place my child in an unnecessary danger. I understand that it is always my responsibility to communicate with the instructor as to injuries or illnesses which may impact classroom participation.

Signature of parent or guardian

Date Signed



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PHOTOGRAPHIC RELEASE

I, being of legal age, hereby give Frances Lea Dance Center, their owners, licensees, successors, legal representatives, and assigns the absolute and irrevocable right and permission to use my child's name and to use, reproduce, edit, exhibit, project, display, copyright, publish and/or resell photography images and/or moving pictures, and/or videotaped images of me with or without my voice ("the Footage"), or in which I or my child may be included in whole or in part, photographed, taped, videotaped, and/or recorded, and to circulate the same in all forms and media for art, advertising, trade, competition of every description and/or any other lawful purpose whatsoever. I also consent to the use of any printed matter in conjunction therewith.

I hereby grant to Frances Lea Dance Center and their respective parents, affiliates, subsidiaries, licensees and assigns (a) the right to (but not the obligation) to film, photograph and otherwise visually and audio visually record my child and to record my child's voice, conversations, sounds and performances, and any pre-existing materials furnished by me in and in connection with the Footage; (b) all rights of every kind and character whatsoever (including without limitation copyrights) in and to the results and proceeds of my child's appearance in the Footage, without limitation, all film, photographs and video and audio recordings produced by Frances Lea Dance Center in connection therewith (collectively "Recordings"), any and all classroom and workshop participation, performances, stories, statements or actions made by me, whether written, spoken, sung, or otherwise uttered or expressed by, or information given by my child, captured on any such capital for Recordings (collectively, the "Results and Proceeds").

I hereby release, discharge, and agree to save Frances Lea Dance Center, their licensees, successors, legal representatives and assigns from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form whether intentional or otherwise that may occur or be produced in the making, processing, duplication, projecting, or displaying of said picture or images, and from liability for violation of any personal or proprietary right that I may have in connection with said pictures or images and with the use thereof.

Frances Lea Dance Center shall be the exclusive owner(s) of the Video Footage and the Results and Proceeds giving them the right to, without limitation, in perpetuity throughout the universe, in any and all languages, in any and all media now known or hereafter invented: (a) exhibit, broadcast, use, reproduce, and license to others to use as they see fit all or any part of the Video Footage and/or the Results and Proceeds; (b) edit, dub, subtract from, add to or modify the Results and Proceeds in any matter, combine it with other material, and/or incorporate it into other films, projects or programs; and (c) use and license others to use my and my child's name, voice, likeness image, photograph, performance, participation, expressions, personal experiences and biographical material (collectively "Name and Likeness", in and in connection with the production, distribution, advertising, publicity, promotion, exhibition and other exploitation of the Footage, the Results and Proceeds and/or any portion thereof, and in connection with Frances Lea Dance Center products and services, an unlimited number of times, without any obligation of any kind to me whatsoever.

I hereby waive any right that I may have to inspect and/or approve the finished product or products or any editorial, advertising, or printed copy or soundtrack that may be used in connection therewith and any right that I may have to control the use to which said product, products, copy and/or soundtrack may be applied.

Signature

Date Signed



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Participation Agreement

Our dance year is September - May
We offer monthly payments for your convenience

Please read carefully and sign below. As always, if you have any questions, feel free to ask someone at the front desk.

RECITAL FEE:

I, _____ agree to have my child _____, participate in the Frances Lea Dance Center annual recital which will require a fee of **\$150** (\$90 each addtl. dancer). I understand that the first half is due **October 15** and the second half is due **February 15**. *If not paid by the due date, a \$25 late fee will be added.*

_____ Initial

RECITAL FEES ARE NONREFUNDABLE

COSTUME FEES:

I understand that one or more costumes are needed for the annual recital. The costume fee is separate from the recital fee.
I understand that all costumes fees will be invoiced and must be paid in full before November 15.

_____ Initial

**There will be a \$10 late payment fee for each costume paid for after November 15.*

COSTUME FEES ARE NONREFUNDABLE

ATTENDANCE:

Dance routines require practice. It is mandatory to have regular attendance for our recital or performances.
If a dancer has excessive absences, a spot in our recital may not be reserved for that student.

_____ Initial

DRESS CODE

Proper dance attire is required to participate in dance class.

_____ Initial

CHRISTMAS SHOW

I understand that this studio will have a Benefit Christmas show and that this is an optional event. I further understand that if my child chooses to participate in the Christmas show that tickets will be sold for this event. I also understand that **not** every class will be able to perform since there is limited time for the show

_____ Initial

TUITION AND REGISTRATION POLICY:

There will be a **\$50** yearly, registration fee per family.

TUITION AND REGISTRATION FEES ARE NONREFUNDABLE

Monthly tuition is deducted the 1st of each month

A \$25 reprocessing fee will be charged for any declined tuition

A dancer may not participate in class if their account is more than 30 days past due.

I understand any invoices more than 30 days past due will be charged to the credit card on file along with late fees. I understand that tuition is divided into equal monthly payments for my convenience, and will remain **constant** every month. Tuition will not be prorated due to Holidays, Illness, Vacations, Bad Weather Days, or Mass Illness.

_____ Initial

HOLIDAY POLICY

The studio will be closed for the following holidays: Labor Day, Halloween, Thanksgiving, Christmas, New Years, Easter, Spring Break (as determined by CISD), Memorial Day, Independence Day, and MLK Jr. Day.

_____ Initial

MAKE UP CLASSES

If a dancer misses a class, he/she may take a make-up class on a day that offers the same type and level of dance. Please make sure the make-up class is taken within a week of the missed class. As always please ask your instructor which class would be best for your child.

_____ Initial

I UNDERSTAND THAT REGISTRATION, COSTUME, TUITION, AND RECITAL FEES ARE SEPARATE

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND AGREE TO HONOR THE POLICIES OF THE FRANCES LEA DANCE CENTER

Student's Name

Parent/Guardian Signature

Date



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Late Pick Up Policy

Frances Lea Dance Center cannot be responsible for the care of students before or after class. Please arrive promptly at the end of your child's class. After a 5-minute grace period, a \$1 per minute late fee will be charged to the credit card on file the following business day.

Allergy Information (not seasonal)

Please list any allergies: _____

Does your child require an epipen? _____

Does your child require immediate medication (ex. Benadryl)? _____

Please list any allergy medication: _____

By signing below, I acknowledge and agree to the above stated Late Pick Up Policy and Allergy Information.

Student's Name: _____

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____



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Recurring and Auto Draft Credit Card Payment Authorization

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below, each billing period. The charge will appear on your credit card statement. You agree that no prior- notification will be provided unless the date of amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected. You further authorized charges to your credit card if any fees associated with dancing at FLDC are more than 30 days past due. The charge will appear on your credit card statement. You agree that no prior- notification will be provided.

I, _____, authorize Frances Lea Dance Center to charge my credit card indicated below for \$ _____ on the **1st** of each month for _____'s tuition
(Amount) (Day) (Student's Name)

Billing Information

Billing Address: _____ State: _____ Zip Code: _____

Cell Phone Number: _____ Email: _____

Card Details

_____ Visa _____ Mastercard _____ Discover _____ American Express

Cardholder name: _____

Account/Credit Card Number : _____

Expiration Date: _____ / _____ CVV: _____ Zip Code: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Frances Lea Dance Center by email to fldcbilling@gmail.com of any changes in my account information or termination of this authorization at least **30 days prior to the next billing date**. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the previous U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transitions; so long as the transaction corresponds to the terms indicated in this authorization form.

Signature _____ Date: _____
(Cardholder signature)