



# Deborah's Dance Workshop – Student Registration Form 2018-2019

www.deborahsdanceworkshop.com

All Registrations and Fee of \$30.00 are due by July 1, 2018 or \$40.00 after July 1, 2018 by Mail.

Please send completed Registration Form, Fee and **Signed Commitment Checklist** to:

Deborah A. Casey, Owner/Director  
789 Winsted Road Torrington, CT 06790  
Telephone: 489-8776

**OPEN HOUSE: Saturday, August 11<sup>th</sup>, 2018 from 10:00am-1:00pm at the Studio**  
It is important that you attend Open House to receive your child's dance schedule for 2018-2019 and place all shoe and dance accessory orders at wholesale prices.

### STUDENT INFORMATION (Please Print)

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Returning Student? \_\_\_\_\_ Number of Years: \_\_\_\_\_

Child is Living With: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Street City State Zip

Father's Name: \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Father's Address: \_\_\_\_\_

Street City State Zip

E-mail Address (MANDATORY): \_\_\_\_\_

### MEDICAL INFORMATION: (Please Print)

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**List any Allergies, Daily Medications, Restrictions, Injuries, Etc.:**

\* An annual physical is required for each student. Please enter date of last physical exam: \_\_\_\_\_

### EMERGENCY INFORMATION: (Parents Will Be Contacted First)

Name #1: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name #2: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\*WERE YOU REFERRED BY ANYONE? \_\_\_\_\_

### CLASS SELECTIONS:

Jazz \_\_\_\_\_  Lyrical \_\_\_\_\_  Hip Hop \_\_\_\_\_

Acrobatics \_\_\_\_\_  Musical Theater \_\_\_\_\_  Tap \_\_\_\_\_

Ballet \_\_\_\_\_  Contemporary \_\_\_\_\_  Pointe \_\_\_\_\_

Adult \_\_\_\_\_  Additional Requests \_\_\_\_\_

**FOR OFFICE USE ONLY:**



Deborah's Dance Workshop  
789 Winsted Road  
Torrington, CT 06790-4112  
Telephone: (860) 489-8776  
www.deborahsdanceworkshop.com

## **2018-2019 Student Commitment Checklist** **(Must be Completed and Signed)**

Please check off each ( ) after you have read, completed each step!

- ( ) I have completed the Student Registration Form and attached the registration fee to it.
- ( ) Tuition payments are as follows, please select one
  - ( ) 4 installments due Sept. 1<sup>st</sup>, Nov 1<sup>st</sup>, Feb 1<sup>st</sup> and April 1<sup>st</sup>
  - ( ) 2 installments due Sept 1<sup>st</sup> and Feb 1<sup>st</sup>
  - ( ) 9 installments due the first of every month beginning with September and the final payment in May
- ( ) Payments after the 15<sup>th</sup> of each month will be considered late and will incur a \$20.00 late fee that will be added to the balance.

I understand these options and have selected the one best suited for me. I understand that failure to comply with keeping tuition current will result in (me) (my child/children) being unable to continue with class.

- ( ) Regular attendance at all classes is **REQUIRED AND NECESSARY** to work as a Team. Everyone involved with the class is depended upon. **Numerous Unexcused Absences Will Result In Dismissal. Please phone the studio when your child will be absent.**
- ( ) All students enrolled in class are **REQUIRED** to be in the Recital.
- ( ) The School or its Instructors shall **NOT** be liable or responsible for any injuries incurred at the school, on their property or at any of the School's performances, competitions or Workshops.
- ( ) **I have read the stated rules and guidelines listed above as well as those stated in the FACT SHEET I received and I understand them. I have also reviewed and discussed them with my child/children.**

### **INTERNET WAIVER**

- ( ) I understand that by signing this checklist, I also allow my son/daughter's picture to appear on the studio's website or in studio advertisements.

### **For Competition Students Only**

- ( ) I have read the competition introduction letter, rules and expectations. I know that it is an honor and a privilege to be a part of the Deborah's Dance Workshop Competition Team. As a member of the Team, (and a parent of a Competition student), I will abide by these expectations and rules throughout the dance season.

Signature \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_  
(Guardian/Student)