

# Student Registration Form

### Student Information

Student's Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Phone (2): \_\_\_\_\_

Name of Person(s) responsible for paying fees: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Primary Billing Phone # \_\_\_\_\_

### Legal Release and Policy Acceptance (please initial)

- \_\_\_ I/we understand the Studio Policies      \_\_\_ I/we understand my billing obligations
- \_\_\_ I/we understand the risks related to dance      \_\_\_ I/we understand my responsibilities for my property
- \_\_\_ I/we understand the dress code      \_\_\_ I/we understand the schedule
- \_\_\_ I/we give media use rights permission      \_\_\_ I/we understand the attendance policy

### Signature / Responsible Party

Date

I will be paying by:

- Check (see requirements below)       Cash       Recurring Credit Payment (see Attached Form)

**\*THE FOLLOWING INFORMATION MUST BE PROVIDED IF YOU INTEND, AT ANY TIME DURING THE YEAR, TO PAY BY CHECK. WITHOUT THIS INFORMATION, ONLY CASH OR CREDIT CARD TRANSACTIONS WILL BE ACCEPTED. All information provided will be kept in strictest confidence and not released without your permission.**

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

### Classes

Class Name	Meeting Day(s) / Time(s)	Total Hours

Recorded       Registration Paid       Aug Paid       1<sup>st</sup> Semester Paid

Processed by: \_\_\_\_\_ Special Notes: \_\_\_\_\_

**See Fee Table for Rates**

Registration Fee Due: \_\_\_\_\_

**Total Tuition Due:** \$\_\_\_\_\_ (Monthly or Sem. Rate)

Costume Deposit: **Due in November**

Recital Fee: **Due in April**

**Measurements:**

\_\_\_\_\_ Height      \_\_\_\_\_ Tights Size      \_\_\_\_\_ Leotard Size      \_\_\_\_\_ Shoe Size

**Medical**

Allergies: \_\_\_\_\_

Will your child require any special medical attention during a normal class: (yes/no) \_\_\_\_\_

If yes – Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Notifications:**

The posted curriculum is subject to change based on enrollment. If a class is canceled due to insufficient registration, tuition is only refundable if a student is unable to attend another class. CDWInc. does not discriminate on the basis of race, color, religion or creed. Students who violate the Studio Policies as found in our Parent Handbook and on our website (connallydance.com) may be dismissed. The Director's decision in such matters is final.

**Liability Release:**

I understand there are risk of physical injury associated with, arising out of and inherent to the activity of dance. In recognition of this acknowledged risk of injury, I knowingly and voluntary waive all right and/or cause of action of any kind, including any and all claims of negligence arising as a result of such activity from which liability could accrue to Connally's Dance Workshop, Inc., its officers, agents, employees, instructors, subsidiaries, parent corporations and all affiliated entities (hereinafter collectively referred to as "CDWInc.).

I hereby agree to release CDWInc. and hold CDWInc. harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in dance on behalf of the participant.

I am aware that this is a release of liability and an acknowledgement of my voluntary and knowing assumption of the risk of injury. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation.

I also give CDWInc. permission to use my child's picture in or on any form of advertisement for CDWInc. or a CDWInc. affiliated event.

If I am a minor, my parent and/or legal guardian has signed this document releasing CDWInc. from any and all such liability described above and has acknowledge that I am knowingly and voluntarily assuming all risks of injury inherent to this activity.

The Participant has my permission to participate in CDWInc. classes and events. I warrant the information above is complete and correct. I further release CDWInc. of all liabilities associated with my child's attendance at CDWInc.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Adult Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

Recorded       Registration Paid       Aug Paid       1<sup>st</sup> Semester Paid

Processed by: \_\_\_\_\_ Special Notes: \_\_\_\_\_

## 2018-19 Fee Table

### Registration Fees

Reg. Date	1st Child	Add'l Children
by 8/14	\$ 30.00	\$ 25.00
8/15 - 31	\$ 35.00	\$ 30.00
as of 9/1	\$ 50.00	\$ 45.00

### Recital Fees

Fee	Due Date	1st Child	Add'l Child
Costume Deposit	11/15	\$40 per Class Costume	
Costume Balance	3/1/2019	Varies per Class Costume	
Recital Fee	4/1/2019	\$60 1 Child	\$90 Family

### Drop-in Rates per Class

Class Length	Rate	Class Length	Prof. Rate
45 Min	\$ 15.00	45 Min	\$ 10.00
1 hr	\$ 18.00	1 hr	\$ 12.00
1.5 hr	\$ 22.00	1.5 hr	\$ 15.00
2 hr	\$ 25.00	2 hr	\$ 20.00

### Class Cards - Buy 9 get 1 Free

Class Length	Rate	Class Length	Prof. Rate
45 Min	\$ 122.00	45 Min	\$ 90.00
1 hr	\$ 162.00	1 hr	\$ 108.00
1.5 hr	\$ 198.00	1.5 hr	\$ 135.00
2 hr	\$ 225.00	2 hr	\$ 180.00

### Rates for Total Hours of Class per Week - per Child

Monthly Payments Requires participation commitment August through June. September through May are full monthly payments. August and June will be 1/2 monthly payments.  
Hours listed with a "b" are rates for additional children.

Hours per Week	Monthly Pmt	Sem Pmt	Hours per Week	Monthly Pmt	Sem Pmt	Hours per Week	Monthly Pmt	Sem Pmt	Hours per Week	Monthly Pmt	Sem Pmt
0.75	\$ 60.00	\$ 294.00	3.5	\$ 154.00	\$ 755.00	6	\$ 214.00	\$ 1,049.00	8.75	\$ 266.00	\$ 1,304.00
.75b	\$ 55.00	\$ 269.50	3.5b	\$ 149.00	\$ 730.00	6b	\$ 209.00	\$ 1,024.00	8.75b	\$ 261.00	\$ 1,279.00
1	\$ 65.00	\$ 318.50	3.75	\$ 160.00	\$ 784.00	6.5	\$ 226.00	\$ 1,108.00	9+	\$ 270.00	\$ 1,323.00
1b	\$ 60.00	\$ 294.00	3.75b	\$ 155.00	\$ 759.50	6.5b	\$ 221.00	\$ 1,083.00	9+b	\$ 265.00	\$ 1,298.50
1.5	\$ 91.00	\$ 446.00	4	\$ 166.00	\$ 813.50	6.75	\$ 232.00	\$ 1,137.00			
1.5b	\$ 86.00	\$ 421.50	4b	\$ 161.00	\$ 789.00	6.75b	\$ 227.00	\$ 1,113.00			
1.75	\$ 105.00	\$ 514.50	4.5	\$ 178.00	\$ 872.00	7	\$ 238.00	\$ 1,167.00			
1.75b	\$ 100.00	\$ 490.00	4.5b	\$ 173.00	\$ 848.00	7b	\$ 233.00	\$ 1,142.00			
2	\$ 118.00	\$ 579.00	4.75	\$ 184.00	\$ 902.00	7.5	\$ 246.00	\$ 1,206.00			
2b	\$ 113.00	\$ 554.00	4.75b	\$ 179.00	\$ 877.00	7.5b	\$ 241.00	\$ 1,181.00			
2.5	\$ 130.00	\$ 637.00	5	\$ 190.00	\$ 931.00	7.75	\$ 250.00	\$ 1,225.00			
2.5b	\$ 125.00	\$ 612.50	5b	\$ 185.00	\$ 906.50	7.75b	\$ 245.00	\$ 1,200.50			
2.75	\$ 136.00	\$ 667.00	5.5	\$ 202.00	\$ 990.00	8	\$ 254.00	\$ 1,245.00			
2.75b	\$ 131.00	\$ 642.00	5.5b	\$ 197.00	\$ 966.00	8b	\$ 249.00	\$ 1,220.00			
3	\$ 142.00	\$ 696.00	5.75	\$ 208.00	\$ 1,019.00	8.5	\$ 262.00	\$ 1,284.00			
3b	\$ 137.00	\$ 672.00	5.75b	\$ 203.00	\$ 995.00	8.5b	\$ 257.00	\$ 1,259.00			

## Connally's Dance Workshop, Inc.

2800 NE Loop 410, Ste. 307, San Antonio, TX 78218

Tel: 210-656-1334 <https://connallydance.com>

### Recurring Payment Authorization Form

Schedule your payment to be automatically charged to your Visa, MasterCard, American Express or Discover Card. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from the Dance Workshop Office Manager at least 5 days prior to the payment being collected.

#### Please complete the information below:

I \_\_\_\_\_ (Exact Name as it appears on Credit Card) authorize Connally's Dance Workshop, Inc. to charge my credit card indicated below on the \_\_\_\_\_ of each month for payment of my

Monthly Tuition \$ \_\_\_\_\_

Costume Deposit Fees \$40 per costume

Recital Fee \$ \_\_\_\_\_

Costume Balance Fees \$TBD - clients will be notified of total balance before charging

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

#### Credit Card - all information required

Visa

MasterCard

Amex

Discover

Cardholder Name \_\_\_\_\_ Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ CIN \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

#### AUTHORIZATION

I authorize Connally's Dance Workshop, Inc. to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Connally's Dance Workshop, Inc. ([dance@connallydance.com](mailto:dance@connallydance.com))** in writing of any changes in my account information or termination of this authorization at least 15 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 certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank so long as the transactions correspond to the terms indicated in this authorization form.

I understand this is only for up to this amount during the time period of July 30, 2018 through June 30, 2019. If additional charges are going to be authorized, a new form will have to be completed (i.e. Summer Classes, Private lessons, 10-Class Cards).

I certify that all information above is complete and accurate.

CARDHOLDER – Print Name: \_\_\_\_\_

Sign and Date Below:

Signed: \_\_\_\_\_ Name/Date: \_\_\_\_\_

Once signed return the completed form to:

Connally's Dance Workshop, Inc.

Attn: Office Manager

2800 NE Loop 410 Suite307

San Antonio, TX 78218