**Student Information**

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

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

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

Parent/Guardian Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (REQUIRED): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Studio Transferring From (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical**Allergies/Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If yes – Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Classes**

|  |  |  |
| --- | --- | --- |
| Class Name | Day / Time | Class Length |
|  |  |  |
|  |  |  |
|  |  |  |

If more space is needed for class enrollment, please use back of this Registration Form and indicate here \_\_\_\_

Hours per Week Session Cost (refer to payment chart on schedule): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # Hours/Week:\_\_\_\_\_\_\_\_\_

Registration Fee ($30/student/year; $60/family max): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discounts (Sibling, Military: 10% off): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Session Tuition Total:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Methods (please circle one):** CHECK CASH CREDIT RECURRING MONTHLY CREDIT (Balances over $300)

**CREDIT CARD PAYMENT**

**Circle:** Visa MC AmEx NAME ON CARD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
ACCOUNT #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXP:\_\_\_\_\_\_\_\_\_\_ SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal Release and Policy Acceptance (please initial):**

\_\_\_ By signing below, as the Parent/Guardian on the enrolling student, I agree and will comply with ALL policies of Dance Conservatory of Maryland that are stated in the Policy Booklet and also explained in detail at danceconservatoryofmd.com.

\_\_\_I assume all risks and expenses due to an injury that may occur as a result of my child’s involvement in dance classes at DCM or performances with DCM. I agree to hold Dance Conservatory of Maryland or anyone acting on the school’s behalf harmless in the event of an injury to my child while participating in dance activities.

\_\_\_ I agree to submit a letter of withdrawal prior to the start of a new session should I choose to withdraw from the program or I will be responsible for tuition payments and late fees which will be charged to my credit card.

\_\_\_ I understand all fees/payments are nonrefundable after first class of a session (registration fee is nonrefundable upon receipt) regardless of whether or not participant is attending classes due to illness, injury, withdrawal, etc.

\_\_\_ I agree to pay/authorize DCM to charge my credit card for the full tuition amount if under $300 or monthly installments of the first of each month if specified. I understand that adding/dropping classes between sessions will affect my tuition total. Failure to submit payment will result in the loss of enrolling student to participate in or attend all classes and performances until all fees are paid in full.

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

Signature of Parent/Guardian Date