

Artistry Dance Center – Registration Form 2022-2023

554 Liberty Highway, Putnam, CT 06260 | 860-963-7073 | artistrydancecenter@gmail.com

Welcome to Artistry Dance Center! We can't wait to dance with you!

Please **PRINT** the information below and return it to the studio **with your NON-REFUNDABLE registration fee**.
For further information or to request additional forms, please contact the studio.

I, the parent/guardian of the below named student(s) under the age of 18, and the below named student(s) agree or disagree to the following:

1. PHOTO RELEASE: I give full rights to Artistry Dance Center and its staff to use photos and video images of me or my child to use for promotional purposes for Artistry Dance Center's use only. Photos and videos may be used in brochures, websites, advertisements, and other promotional material created by the studio. Photos may appear with or without names in press releases and other print advertising. I acknowledge that by signing this form, I agree to the terms listed above and I give Artistry Dance Center full copyright and authority to publish photography.

****Due to the increased use of social media, please do not post ANY photos taken of ADC students without permission from Artistry Dance Center****

1. _____
Guardian Initial

2. STUDIO POLICIES: By initialing this Registration Form, I have read, understand, and will abide by the guidelines listed in our ADC Studio Policies Form, and acknowledge that I've read and understand the terms listed in our Registration Letter.

2. _____
Guardian Initial

2. _____
Student #1 Initial

2. _____
Student #2 Initial

2. _____
Student #3 Initial

2. _____
Student #4 initial

3. LIABILITY WAIVER: I understand and agree that in participating in any dance class, workshop, rehearsal or performance there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility and to waive any and all claims for any injury or accident which might occur to me or my child(ren) during or in connection with any of Artistry Dance Center's classes, rehearsals, performances, or activities. I also release, hold harmless and indemnify Artistry Dance Center, its owner, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever and for any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by Artistry Dance Center. I understand that I should be aware of my physical limitations and agree not to exceed them. Upon signing this waiver for my children, I certify that I am the parent or legal guardian and have the authority to waive these rights.

Artistry Dance Center has put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you or your dancer/child(ren) will not become infected with COVID-19. Further, being at the Studio could increase your risk and your child(ren)'s risk of contracting COVID-19. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my dancer(s) and I may be exposed to or infected by COVID-19 by being in the building, and that such exposure of infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at the studio may result from the actions, omissions, or negligence of myself and others, including, but not limited to, teachers, staff, volunteers, participants and their families.

I agree to indemnify and hold harmless Artistry Dance Center against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf or my children's behalf, including attorney's fees and any related costs, if litigation of any nature is threatened or is brought.

Signature: _____ Date: _____

Student Information

Student #1 Name: _____ Pronouns: _____ Student Cell#: _____

Student Email: _____ Date of Birth: _____ Age: _____

Mailing Address: _____

Any **ALLERGIES**/medical conditions or diagnosis you would like us to know about? _____

School Name: _____ Grade: _____ Years Dancing at ADC: _____

Graduating? Check Here:

(Including this year)

Student #2 Name: _____ Pronouns: _____ Student Cell#: _____

Student Email: _____ Date of Birth: _____ Age: _____

Mailing Address: _____

Any **ALLERGIES**/medical conditions or diagnosis you would like us to know about? _____

School Name: _____ Grade: _____ Years Dancing at ADC: _____

Graduating? Check Here:

(Including this year)

Student #3 Name: _____ Pronouns: _____ Student Cell#: _____

Student Email: _____ Date of Birth: _____ Age: _____

Mailing Address: _____

Any **ALLERGIES**/medical conditions or diagnosis you would like us to know about? _____

School Name: _____ Grade: _____ Years Dancing at ADC: _____

(Including this year)

Parent/Guardian Information

(Circle #1 or #2 for Emergency Contact)

Parent/Guardian #1: _____ Pronouns: _____ Cell phone: _____

Relationship to student: _____ Email ****REQUIRED****: _____

Mailing Address (If different than student): _____

Parent/Guardian #2: _____ Pronouns: _____ Cell phone: _____

Relationship to student: _____ Email: _____

Mailing Address (If different than student): _____

By signing here, I agree to be the sole financial responsible party to the ADC:

Print name: _____

Signature required to enroll student(s)*: _____

Separate payment accounts may be granted. However, any past due accounts in regard to the dancer(s) will be communicated through the above party, (including the second on the memo if applicable), who would be required to fulfill the amount due if payments are not being made.

Classes for all students in family:

Dancer	Day	Class	Time	Costume (X)	Teacher	Length of Class

of Costumes: _____ @ \$55/costume deposit due Nov 15th 2022: \$ _____.
Final Costume Balances (FCB) will be billed by February 15th, 2023. Payment is due March 15th.

TUITION BREAKDOWN (without 10% or 5% discounts):

Write in total hours for each dancer. Choose 1 of 3 tuition payment options and fill in based on tuition sheet.

Total Hour(s) Each Child	Yearly	Sibling 20% discount.	Session	Sibling 20% Discount	Monthly	Sibling 20% discount
1 st :	\$	n/a	\$	n/a	\$	n/a
2 nd :	\$	\$	\$	\$	\$	\$
3 rd :	\$	\$	\$	\$	\$	\$
4 th :	\$	\$	\$	\$	\$	\$

TUITION WITH DISCOUNTS

	Yearly	Session	Monthly
Total of all children just including sibling discounts	\$	\$	\$
Apply discount if applicable	- 10%	- 5%	No extra discount
<u>Grand Total</u>	\$	\$	\$

TUITION:

- Please make all checks payable to “KMR Studios LLC.” Thank you!
- ***In the event your account is 30 days past due***, you will need to fill out a ***payment plan*** in order to pay the balance, on top of what fees may be upcoming. This will be followed up with our extended studio policies explaining further consequences for missed payments. ***A late fee of \$20.00 will apply when payments are not made on time.*** (This includes costume deposits not paid by November 15th, and Final Costume Balance Fees not paid by March 15th.)
- Tuition payments can be made by check, cash, money order, or credit card. We accept Visa, Mastercard, Discover, and American Express.
- Tuition adjustments will be made if your dancer has a change in class hours. The schedule is TENTATIVE until 9/6/22
- A \$25.00 service fee will be added to your account for each returned check.

Registration Fee (Non-refundable): (Circle one) Discount applies to siblings/dancers from the same immediate family

1 student \$15 2 students \$25 3+ students \$35

Payment Plan: -- FIRST PAYMENT MUST BE MADE BY YOUR DANCERS FIRST CLASS --

_____ **Year in Full** (w/10% discount if received by 1st class of Sept.) \$ _____ (amount)
 Initial _____

_____ **Session Payments** (w/5% discount if received by 1st class of Sept. and Jan.) \$ _____ (amount)
 Initial _____

_____ **Monthly payments** (No discount, due by the 1st of the month) \$ _____ (amount)
 Initial _____
 (May payment due at registration. Last monthly payment is April 10th)

A \$20 Late Assessment Fee will be applied to your account if payment has not been by the 10th of that month.

OPTIONAL CREDIT CARD INFO ON FILE

If you would like us to keep a card on file for you in a safe, and secure location in our software to run for something throughout the year, (tuition payments, merchandise, Final Costume Balance etc), you may leave your info below. We will not run your card without prior approval. Date Card Added: _____

MC/Visa/Disc/Amex Account # _____ Zip Code: _____ Exp. Date: _____
 CVV: _____ Name on Card: _____ Signature: _____

Please sign where applicable.

I, _____ (print name) give my permission for Artistry Dance Center to run my credit card **only with** written or verbal permission for the following transactions over the course of the 2022-2023 season when they are due.

(Check off) tuition costume fees merchandise other (ex, snacks, water, event tickets etc.)

If other: please list here: _____

Signature: _____

I, _____ (print name) give my permission for Artistry Dance Center to run my credit card **without** written or verbal permission for the following transactions **only** over the course of the 2022-2023 season when they are due.

(Check off) tuition costume fees merchandise other (ex, snacks, water, event tickets etc.)

If other: please list here: _____

Signature: _____

~ OFFICE USE ONLY ~

Balance from previous year: \$ _____ Credit from previous year: \$ _____ Registration Fee: \$ _____

1. Cash: \$ _____ 2. Check: \$ _____ (Check #: _____) 3. MC/Visa/Disc/Amex: \$ _____

Staff Initials: _____ Date: _____

B/O	Rec	Dancewear (Type, Brand, Color, Size)	Dancer	Price	Tax	Total Price
