Artistry Dance Center - Registration Form 2026-2027

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 legibly fill in the information below and return it to the studio **with** your **NON-REFUNDABLE** registration fee.
This waiver will be in effect from the date of signature, through and including the summer session for 2027,
ending the day prior to the start of the Fall season.

I, the parent/guardian of the below named student(s) (under the age of 18 as of the first day of classes), AND the below named student(s) agree to the following:

1. PHOTO RELEASE: I give full rights to Artistry Dance Center and its staff to use photo and video images of me or my child(ren) 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.

Guardian Initials: 1. _____

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

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

Guardian Initials: _____ ***Student #1 Initials***: _____

If more than 1 student → *Student #2 Initials:* _____ *Student #3 Initials* _____

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 may 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, it's owner, agents, volunteers, assistants, employees, guest artist, 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 child(ren), 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 child(ren), I certified that I am the parent or legal guardian, and have the authority to waive these rights.

Artistry Dance Center cannot guarantee that you or your dancer/child(ren) will not become infected with Covid-19 or other illnesses while at the studio. Further, being at the studio could increase your risk and your child's risk of contracting said illnesses. I acknowledge the contagious nature of diseases/infections and involuntarily assume the risk that my dancer(s), and I may be exposed to, or infected by them 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 or other illnesses at the studio may result from the actions, omissions, or negligence of myself, and others; including, but not limited to, the owner, teachers, staff, volunteers, participants, and their families.

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

Signature of Guardian on behalf of family: _____ ***Date***: _____

* Student Information *

Student #1 Name: _____ Pronouns: _____ STUDENT Cell# or N/A : _____

Mailing Address: ☐ Same as parent/guardian #1 ☐ Same as parent/guardian #2 **Date of Birth:** _____ **Age as of 9/1/26:** _____

Any ALLERGIES/medical conditions or diagnoses? _____

School Name: _____ Grade: for 2026-2027 _____ Year's Dancing at ADC _____ Years Dancing total: _____

(including this year)

Student #2 Name: _____ Pronouns: _____ STUDENT Cell# or N/A : _____

Mailing Address: ☐ Same as parent/guardian #1 ☐ Same as parent/guardian #2 **Date of Birth:** _____ **Age as of 9/1/26:** _____

Any ALLERGIES/medical conditions or diagnoses? _____

School Name: _____ Grade: for 2026-2027 _____ Year's Dancing at ADC _____ Years Dancing total: _____

(including this year)

Student #3 Name: _____ Pronouns: _____ STUDENT Cell# or N/A : _____

Mailing Address: ☐ Same as parent/guardian #1 ☐ Same as parent/guardian #2 **Date of Birth:** _____ **Age as of 9/1/26:** _____

Any ALLERGIES/medical conditions or diagnoses? _____

School Name: _____ Grade: for 2026-2027 _____ Year's Dancing at ADC _____ Years Dancing total: _____

(including this year)

Student #4 Name: _____ Pronouns: _____ STUDENT Cell# or N/A : _____

Mailing Address: ☐ Same as parent/guardian #1 ☐ Same as parent/guardian #2 **Date of Birth:** _____ **Age as of 9/1/26:** _____

Any ALLERGIES/medical conditions or diagnoses? _____

School Name: _____ Grade: for 2026-2027 _____ Year's Dancing at ADC _____ Years Dancing total: _____

(including this year)

* Parent/Guardian Information *

Parent/Guardian #1 (AND EMERGENCY CONTACT):

Name: _____ Pronouns: _____ Cell phone #: _____

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

Mailing Address: _____ City: _____ State & Zip code: _____

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

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

Mailing Address: _____ City: _____ State & Zip code: _____

By signing here, I agree to be the sole financial responsible party to Artistry Dance Center, and make full payments as they are due:

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 guardian on the form if applicable). This guardian in particular 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 (Y or N)*	*Teacher*	*Length of Class*
KelseyR	Monday	Acro Islands	4:45p	Yes	KelseyR	.75h

# of Costumes: _____ charged at $70 per costume = $_____. This DEPOSIT on your costumes is due November 15th, 2026.
Your FINAL Costume Balance (FCB) will be billed by March 15th, 2027. Payment is due by April 1st, 2027.
A late fee of $20 will be added to your account if your Costume Deposit or Final Costume Balance is not paid by their due dates.

Tuition Breakdown (*without 10% or 5% discounts for paying in full or half*)

STEP 1: Write in total hours for each dancer. Please list the child with the most TOTAL HOURS of dance first.

Total Hour(s)	Yearly	Sibling 15% discount	Session	Sibling 15% discount	Monthly	Sibling 15% discount
1st child:	$	n/a	$	n/a	$	n/a
2nd child:	$	$	$	$	$	$
3rd child:	$	$	$	$	$	$
4th child:	$	$	$	$	$	$

STEP 2: Choose 1 of 3 tuition payment options and fill in based on the tuition sheet.

Tuition totals with discounts	**Yearly**	**Session**	**Monthly**
Total of all children including sibling discounts:	$	$	$
Apply discount if applicable	- 10%	- 5%	No extra discount
Grand Total	$	$	$

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 form in order to pay the balance, including late fees and upcoming fees. 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 Deposit and Final Costume Balance (FCB) in which that fee would be applied by the 30th).
- 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 subject to change.
- A $30.00 service fee will be added to your account for each returned check.

Registration Fee (Non-refundable):

Discounts for tuition and registration fees only apply to siblings/dancers from the same immediate family.

CIRCLE ONE: 1 student $20 2 students $30 3+ students $40

Payment Plan: Your first tuition payment must be made by your dancer's first class. A $20 Late assessment fee will be applied to your account if payment has not been made by the 10th of that month.

_____ Year In Full (including 10% discount if received by your dancer's 1st class in SEPTEMBER only. $ _____ (amount)
(Initial)

_____ Session Payments (including 5% discount if received by 1st class of September and January $ _____ (amount)
(Initial)

_____ Monthly payments (no discount, due by the 1st of the month) $ _____ (amount)
(Initial)

NOTE: Your MAY monthly payment is due at the same time as your SEPTEMBER monthly payment. The last monthly payment will be April 1st.

** 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 studio company software system to run for something throughout the year (ie: 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: _____ Expiration Date: _____

CVV: _____ Name on Card: _____ Your signature: _____

** AUTO RUN OPTIONS**

With your card on file, you may want only SOME types of transactions run without verbal or written permission, and others WITH verbal or written permission. Please select which of the following you prefer. "I, _____ (Print name) give my permission for Artistry Dance Center to run my credit card for the following transactions over the course of the 2026-2027 season when they are due."

Only with written or verbal permission

Check off: ☐ Tuition ☐ Costume Deposit ☐ Final Costume Balance ☐ Merchandise ☐ Snacks/waters ☐ Other (list below)

WITHOUT written or verbal permission

Check off: ☐ Tuition ☐ Costume Deposit ☐ Final Costume Balance ☐ Merchandise ☐ Snacks/waters ☐ Other (list below)

If other: please list here: _____

Print name: _____ **Signature: _____

~ Office Use Only ~

Balance on account: $_____ **Credit on account:** $_____ **Registration Fee:** $_____ **Payment Total**: $_____

Payment Type: 1. Cash: $_____ 2. Check: $_____ Check#: _____ 3. MC/Visa/Disc/Amex: $_____

Items Purchased:

Backorder TBD Date	*Given Date*	*Type (What, Brand, Color, Size)*	*Dancer*	*Base Price*	*Tax*	*Total Price (per item)*

Notes: