



DAWSON DANCE ACADEMY

Date _____

Student's Legal Name _____ Age _____ Birth Date _____

Address _____ City _____ Zip Code _____

Home Phone # _____ Parent's Cell # _____

Parent's Names _____ Child has special needs? _____

In Case of Emergency (*other than parent*) Contact Name _____ Phone# _____

Email Address (*will not be released outside of DDA*) _____

Grade in School _____ School Name _____

Dancer's Health Insurance Name _____

Policy # _____ Ins. Phone # _____

Previous Dance / Acting / Acrobatics Training - # of Years _____ Studio Name _____

How did you hear about us? *Please place a check on the line that applies*

- Returning Student _____
- Flyer _____
- Friend _____ Who can we thank for your referral? _____
- Internet Search _____
- Social Media _____
- Other _____

Classes Chosen For This School Year _____

Registration Fee (*due once a year*) \$ _____

First Month Tuition - September 2017 (*non-refundable*) \$ _____

Last Month Tuition - May 2018 (*non-refundable*) \$ _____

Required Uniform Total \$ _____

Total Amount Due \$ _____ *Cash, Check or Credit Card*

I hereby acknowledge in consideration of my child's participation in the Dawson Dance and Theatre Academy's program that Jennifer Dawson-Waz, the studio, and it's instructor's will not be held liable for ANY injuries sustained on the studio's premise or premise of the end of the year recital. Furthermore, I hereby waive and release any claims for damages including injury to my child, myself, or family members from any act or failure to act by DDA and its representatives. I understand any deposits or payments I make to DDA are non-refundable.

Legal Guardian or Student Signature (*over 18 years old*) _____ Date _____



POLICIES and PROCEDURES - READ CAREFULLY

1. Your child must come to class in uniform according to DDA dress code. All items are to be purchased through DDA in the office. (Initial)
2. Participation in our program is essential for the dancer to advance, therefore, please be cautious of absences. If you choose to discontinue our dance/acting program, you must complete a drop form to withdraw from DDA. To withdraw from any DDA program, a drop form must be filled out by a parent in person. There are no refunds for monies already paid.
3. Tardiness - If a dancer is more than 10 minutes late to class and has missed the stretching segment, they will sit out for the remainder of the class.
4. Teachers and DDA staff can not be responsible for students before or after classes. Therefore, please escort your child in and out of the studio.
5. Classes will run from September 5, 2017 - May 19, 2017. **DDA will be closed the following dates:**
October 31, 2017 November 20-25, 2017
December 23, 2016-January 8, 2018 March 30- April 2, 2018
6. Tuition is due monthly. Tuition is not prorated for any months and there are no makeup classes, refunds, or transfers for missed classes. **I understand that my May 2018 deposit is non-refundable.** A \$20 late fee will be added to your monthly tuition if your credit card declines for any reason or if a check is returned, I understand DDA's tuition and check policy. (Initial)
7. Our recital will be in May/June possibly Memorial Day weekend. There is a **mandatory parent meeting during all classes the week of November 1-7, 2017.** Costume payments will be due in December. Participation in the recital is optional.
8. Students are asked to follow the teacher's directions. If the student becomes disruptive, they will be removed from the class. If this occurs more than 3 times, they will be withdrawn from DDA's classes and no refunds will be given.
9. I understand the waiting room/lobby at DDA is a QUIET area for parents to view their child and for dancers to prepare for class. DDA cannot be responsible for watching nor entertaining siblings of students.
10. Children ages 5 and under MUST have a parent present when attending class.
11. The following **are not** accepted in class - gum, **food, drinks,** jewelry, toys, **phones,** and bags - **ONLY WATER IS PERMITTED IN THE DANCE ROOMS!**
12. Parents are responsible for providing a correct/working email address to DDA for all studio communications.
13. Students must refrain from any activity that would create a conflict of interest with their membership at DDA. This includes, but not limited to receiving dance/acting/tumble instructions at other facilities. All circumstances relating to this issue must be communicated with Mrs. Jennifer Dawson-Waz, who has sole discretion to determine if a conflict of interest exists. Failure to disclose any conflict of interest may result in student dismissal from the studio. (Initial)
14. **Social Media** - Please do not allow your children to 'Friend,' 'Follow,' 'Like,' or 'Direct Message' any DDA teachers or staff on any social media site. DDA has both a Facebook and Instagram account for your children to follow where the information and pictures are director approved. We appreciate your attention to this and initial stating you compliance. (Initial)

Most importantly, we are glad that you chose Dawson Dance & Theatre Academy. Please feel free to discuss your progress with the instructor and direct any comments or suggestions to DDA management. We can't wait to make this dance year a BLAST!! GO STARS!!!

I have read and agree to the above Polices and Procedures.

Parent signature (if student is under 18) _____ Date _____



Automatic Payment Agreement

Please pay and charge all drafts by Dawson Dance Academy, INC to its own order on each month in the amount of \$_____, beginning October 1, 2017.

This authorization will remain in effect until April 2, 2018 or until cancelled by me in writing per DDA Drop form. I agree that your treatment of each draft, and your rights in respect to it, shall be the same as if it were personally signed by myself.

I UNDERSTAND ALL NON-WORKING ACCOUNTS SUCH AS DECLINED PAYMENTS, FOR ANY REASON, AUTOMATICALLY DEFAULT TO AN ADDITIONAL BILLING FEE OF \$20 PER MONTH. (Initial)

DDA has my permission to charge my credit card for products and services throughout the school year with my verbal or written permission. (Initial)

DATE _____ STUDENT NAME _____

Please Circle - Visa MasterCard Discover American Express

Account/Card Number _____

Expiration Date _____

3 Digit Security Code _____

Billing zip code _____

Cardholder's Name(*as it reads on the card*) _____

Cardholder's Signature _____