



## 2010-2011 REGISTRATION FORM

<b>STUDENT</b>	
First Name: _____	
Last Name: _____	
Street: _____	
City: _____	
State: _____ Zip: _____	
Phone: (____) _____ - _____	
D.O.B. ____/____/____ Age: _____	
School/Grade: _____	
Email: _____	

<b>PARENT/LEGAL GUARDIAN</b>	
First Name: _____	
Last Name: _____	
Street: _____	
City: _____	
State: _____ Zip: _____	
Home: (____) _____ - _____	
Cell: (____) _____ - _____	
Work: (____) _____ - _____	
Email: _____	

**Emergency Contact: (Other than parents)** In case of any emergency where parent/guardian cannot be reached and time is of value, local paramedics or hospital will be contacted to administer medical attention, unless parent/guardian has stated otherwise herein.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Previous Dance Training:**

Style: \_\_\_\_\_ Duration: \_\_\_\_\_ Location: \_\_\_\_\_

Style: \_\_\_\_\_ Duration: \_\_\_\_\_ Location: \_\_\_\_\_

Style: \_\_\_\_\_ Duration: \_\_\_\_\_ Location: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

<b>CLASS REGISTRATION</b>			
CLASS	DAY	TIME	HOURS

\* I certify that at the present time, my child is physically able to take the classes for which he/she has enrolled.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Office ONLY: \$ \_\_\_\_\_ w/ \_\_\_\_\_ Date: \_\_\_\_\_ YC \_\_\_ QB \_\_\_ RS \_\_\_ Email \_\_\_ CC \_\_\_

## LIABILITY WAIVER

My signature below releases the San Clemente Dance & Performing Arts Center, its officers, employees and landlord from any and all liability that may result from myself or my children participating in dance lessons or performances with the studio or company. This is binding from this day forth to myself, my spouse, my heirs and all those associated with the studio or company. I will hold the studio, the company, their officers, employees and landlord 100% harmless for any injury that may result from any member of my family participating in dance lessons or performances with the studio, the company and/or sponsored by the studio or company. Our participation in dance lessons or performances is completely voluntary. The studio, the company, its officer, employees and landlord are not liable for personal injury or loss of, or damage to personal property. Each student may decline to participate in any activity. Please inform instructor of any personal limitations the student may have. If there is any doubt to the student's physical abilities, please consult with your physician before participating. I have read, understood and agree to comply to studio standards.

Parents Signature \_\_\_\_\_ Date: \_\_\_\_\_

## TUITION POLICY

All classes are payable monthly in advance by the 10th day of each month. Monthly tuition is based on an average of four classes per month. No charge is made when fifth lesson occurs, however, the studio reserves the right to use these extra classes to offset classes not held due to holidays. The monthly fee remains the same each month regardless of the number of classes in that month.

If tuition is not received by the 10th of each month, there is a \$20.00 late fee. No statements are mailed. SCD\_\_\_ Parent\_\_\_

There is an annual registration fee of \$25 per family, payable at the time of registration.  
There is a \$25.00 service charge for returned checks.

Tuition fees are as follows.

<i>Per Week</i>	<i>Dancer #1</i>	<i>Dancer #2</i>	<i>Dancer #3</i>
1 Hour	\$60	\$51	\$43
2 Hours	\$105	\$92	\$76
3 Hours	\$140	\$120	\$102
4 Hours	\$165	\$140	\$120
5 Hours	\$185	\$160	\$140
6 Hours	\$205	\$180	\$160
7 Hours	\$225	\$200	\$180
8 Hours	\$245	\$220	\$200
9 Hours	\$265	\$240	--
10 Hours	\$285	--	--

Unlimited Classes: 1 Dancer \$285.00  
Family Unlimited: 2 Dancers \$505 / 3 Dancers \$685.00

There are no refunds, transfers, credits or extensions for classes not taken, however, absences may be made up in appropriate classes in the same or lower level within six weeks of the missed class. SCD\_\_\_ Parent\_\_\_

**CANCELLATION:** If you are going to discontinue any class, you must give us a written cancellation letter, one month prior to canceling the class. Otherwise, you will be charged for the entire month. SCD\_\_\_ Parent\_\_\_

\*\*SCDPAC accepts Visa/MC\*\*

**I HAVE READ AND RECEIVED A COPY OF THE TUITION POLICY OF SAN CLEMENTE DANCE & PERFORMING ARTS CENTER.**

Parents Signature \_\_\_\_\_ Date: \_\_\_\_\_



## 2010-2011 CREDIT CARD AUTHORIZATION FORM

First & Last Name: \_\_\_\_\_

Billing address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Card # \_\_\_\_\_

Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 key Code: \_\_\_\_\_

Visa: \_\_\_\_\_ MC: \_\_\_\_\_

\_\_\_\_ I give San Clemente Dance & Performing Arts Center authorization to use this credit card for monthly tuition to be drawn out on the first of each month.

Signature: \_\_\_\_\_



### TUITION POLICY – Student Copy

All classes are payable monthly in advance by the 10th day of each month. Monthly tuition is based on an average of four classes per month. No charge is made when fifth lesson occurs, however, the studio reserves the right to use these extra classes to offset classes not held due to holidays. The monthly fee remains the same each month regardless of the number of classes in that month.

If tuition is not received by the 10th of each month, there is a \$20.00 late fee. No statements are mailed.

There is an annual registration fee of \$25 per family, payable at the time of registration. (2009-2010 Season) There is a \$25.00 service charge for returned checks.

Tuition fees are as follows.

<i>Per Week</i>	<i>Dancer #1</i>	<i>Dancer #2</i>	<i>Dancer #3</i>
1 Hour	\$60	\$51	\$43
2 Hours	\$105	\$92	\$76
3 Hours	\$140	\$120	\$102
4 Hours	\$165	\$140	\$120
5 Hours	\$185	\$160	\$140
6 Hours	\$205	\$180	\$160
7 Hours	\$225	\$200	\$180
8 Hours	\$245	\$220	\$200
9 Hours	\$265	\$240	--
10 Hours	\$285	--	--

There are no refunds, transfers, credits or extensions for classes not taken, however, absences may be made up in appropriate classes in the same or lower level within six weeks of the missed class.

**CANCELLATION:** If you are going to discontinue any class, you must give us a written cancellation letter, one month prior to canceling the class. Otherwise, you will be charged for the entire month.

**\*\*SCDPAC accepts Visa/MC\*\***