



Registration Form 2008-2009

Please print all information clearly.

Reg. Fee Pd _____

Student's Name: _____

Parent/Guardian's Name: _____

Address: _____

Home Phone: _____ Emergency Contact Number _____

E-Mail Address _____

(Providing e-mail address will allow you to receive updated info quicker)

Age: _____ Date of Birth: _____

Grade: _____ School: _____

Does your child have any medical problems we need to be aware of? Yes ___ No ___

If yes, please provide details: _____

The back of this form should be read in its entirety . The individual responsible for financial obligations of this dancer must sign and date this form and submit it with the registration fee.

Fees received on or before August 1st \$25 per dancer \$35 per family
Fees received after August 1st \$35 per dancer \$45 per family
(Dancers taking summer instruction get 50% discount on registration fees if paid on time.)

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I understand my child will be receiving dance instruction from JCA Dance Academy. I agree to pay the registration fee with the submission of this form. I also agree to pay all dance fees by the due date or understand late fees will be charged accordingly. I understand there is no refund for classes missed by my child and for classes cancelled due to inclement weather. Only classes cancelled by JCA Dance Academy due to sickness to staff will be rescheduled. . I acknowledge the choice for my child to participate in the spring recital. I accept full responsibility for all costume payments. In the event my child does not finish the dance season I agree to pay all costume fees due in full or legal recourse may be taken by JCA Dance Academy.

If my child is enrolled as a competition dance team member, I also agree to pay all necessary entry fees, costuming fees, special class fees and traveling fees during the course of the year as required. I also understand the importance of my child being present for all classes, practices and competitions and agree failure to participate in the aforementioned can result in my child being dismissed from the competition team.

By my signature below, I hereby agree that I have read, understand, and will comply to the requirements listed above.

Signed: _____

Dated: _____

Will your child participate in the recital requiring costumes to be ordered? _____

Please indicate below the classes your child is registering for:

Day	Time Slot	Type of Class	Monthly Fees
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____