

STARSTRUCK DANCE STUDIO STUDENT REGISTRATION AGREEMENT

Student Name: _____
 Street Address: _____ City/State/Zip: _____
 Date of Birth: _____ Age (as of 9/17): _____ Grade (as of 9/17): _____
 Number of years of dance training: _____

Parent Information:

Mother's Name: _____ Father's Name: _____
 Home Phone: _____ Home Phone: _____
 Cell Phone: _____ Cell Phone: _____
 Email address: _____ Email address: _____

Emergency Contact:

Name: _____ Home Phone: _____ Cell Phone: _____

If your child has any medical condition (i.e. allergies, medications, disabilities) please explain:

Please list registered class numbers for each day of week:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

It is very important for parents to be aware of what is expected of our students throughout the dance season. Be sure to read all information in its entirety before signing this agreement.

AGREEMENT: I hereby enroll my child at StarStruck Dance Studio (SSDS) for the **"2017-2018 Dance Season"** beginning Monday, September 11, 2017 and ending June 2018. I have read and agreed to all policies, terms, and conditions as stated in StarStruck literature including, but not limited to, tuition rates/payments, dress codes, class placement, etc. If I chose to withdraw my child from the program at any time during the dance season, I agree to notify SSDS **in writing** prior to the beginning of a new month, or tuition for that month will be due. In the event my child withdraws from dance class, I acknowledge that there are **no refunds** as a spot has been held for my child. If your child is asked to leave StarStruck for unacceptable behavior, bullying, disrespect or any other reason we deem appropriate, there will be no refunds for tuition, costumes, competition fees, etc. **Initial** _____

I agree to allow my child to participate in the end-of-year recital and understand that I will have to purchase a costume for each class. Full payment for costumes will be due on December 12th and is non-refundable. If I **do not** wish my child to participate in the recital, I must notify SSDS in writing prior to December 1, 2017 or I will be liable for any out-of-pocket expenses incurred by the studio. I fully understand the risks inherent in dance activities and release StarStruck Dance Studio and its staff from any and all legal liability and medical costs arising due to any injury incurred during the course of instruction or participation in any SSDS related activities. I release rights to all photos taken in relation to StarStruck Dance Studio for exclusive SSDS use in promotion or advertising. **Initial** _____

I understand that tuition payments are due the first of the month and that no invoices will be mailed to my home. **I also acknowledge that a \$10 late fee will be applied to payments made after the 10th of each month.** A \$35 fee will also be applied to all returned bank checks. After the 2nd returned check, I understand that SSDS will require only cash payments going forward. I also acknowledge that if my account is delinquent more than 30 days and/or my child has excessive tardiness or absences, it may result in my child being ineligible to participate in SSDS recital/performances and/or dropped from dance classes entirely. This decision will be at the discretion of StarStruck Dance management. **Initial** _____

Signature of Parent: _____ Date: _____
 Signature of Director: _____ Date: _____

If paying by credit card, please complete this section:

Name on Card: _____ Card Number: _____

Card Type: DISCOVER VISA MASTERCARD Expiration: _____ Security _____

Check if you choose to be on the automatic payment option which is deducted the 1st of the month