



SkyDance Academy Registration Form 2019-2020

Student Name _____

Birth date (mm/dd/yyyy) _____/_____/_____

Student Age (if under 18 years) _____ 18 to 25 years 25 years and older

Mailing Address _____

City _____ Zip Code _____

Home Phone Number (_____) _____

Email* _____

*Please be sure to give us a current e-mail where we can send invoices, newsletters and reminders.

Parent Names** _____

**If students will be dropped off by parents/guardians living at different addresses we need the phone number and e-mails for both parents/guardians. Please list the address/name of the parent responsible for the account on this form. The other parent's info can be placed in brackets as a secondary contact.

Student/Parent Cell (_____) _____ (_____) _____

Student/Parent Work No. (_____) _____ (_____) _____

Are you a returning student? YES or NO

How did you hear of our program? _____

Will there be sibling(s) enrolling today? YES or NO

If yes, please provide name(s) _____

Are you (your child) interested in participating in the annual recital? YES NO

Health Information: (including allergies, asthma, illnesses, injuries, etc.)

Emergency Contact Name: _____ Phone No. (____) _____

Please check the classes you are registering for:

Genre	Class/Day	# of classes (for Office use only)
<input type="checkbox"/> Ballet	<input type="checkbox"/> M 5:45-6:45 Int Ballet <input type="checkbox"/> T 5:45-6:45 Pre Ballet 2 <input type="checkbox"/> Th 5:30-6:30 Pre-Pointe <input type="checkbox"/> Th 6:30-7:30 Beg Ballet 2 <input type="checkbox"/> F 6:30-7:30 Beg Ballet 1 <input type="checkbox"/> S 9:00-9:45 Pre Ballet 1 <input type="checkbox"/> S 1:00-2:00 Youth Ballet Tech <input type="checkbox"/> M 5:45-6:45 Adv Ballet <input type="checkbox"/> Th 6:30-7:30 Beg Pointe <input type="checkbox"/> Th 7:30-8:30 Pre-Teen/ Teen Ballet Tech <input type="checkbox"/> S 11:15-12:00 Baby Ballet <input type="checkbox"/> S 2:00-3:00 Junior Ballet Tech	
<input type="checkbox"/> Jazz	<input type="checkbox"/> M 6:45-7:45 Int Jazz <input type="checkbox"/> T 6:45-7:45 Pre Jazz 2 <input type="checkbox"/> Th 7:30-8:30 Beg Jazz 2 <input type="checkbox"/> F 7:30-8:30 Beg Jazz 1 <input type="checkbox"/> S 9:45-10:30 Pre Jazz 1 <input type="checkbox"/> M 7:45-8:45 Adv Jazz <input type="checkbox"/> S 12:00-12:45 Baby Jazz	
<input type="checkbox"/> Acro	<input type="checkbox"/> S 11:00-12:00 Acro 1 <input type="checkbox"/> S 1:00-2:00 Acro 3 <input type="checkbox"/> S 12:00-1:00 Acro 2	
<input type="checkbox"/> Tap	<input type="checkbox"/> T 6:45-7:45 Grade 4 Tap <input type="checkbox"/> W 5:45-6:45 Grade 2 Tap <input type="checkbox"/> W 7:45-8:45 Grades 6 Tap <input type="checkbox"/> S 10:30-11:15 Baby Tap <input type="checkbox"/> T 7:45-8:45 Grade 3 Tap <input type="checkbox"/> W 6:45-7:45 Grade 5 Tap <input type="checkbox"/> F 5:45-6:30 Grade 1 Tap	
<input type="checkbox"/> Hip Hop	<input type="checkbox"/> W 5:45-6:45 Hip Hop 2B <input type="checkbox"/> W 7:45-8:45 Hip Hop 3 <input type="checkbox"/> F 6:30-7:30 Hip Hop 1 <input type="checkbox"/> S 2:00-3:00 Hip Hop 4 <input type="checkbox"/> W 6:45-7:45 Hip Hop 2A	
<input type="checkbox"/> Leaps and Turns	<input type="checkbox"/> M 6:45-7:45 Adv Leaps/ Turns <input type="checkbox"/> T 5:45-6:45 Int Leaps/ Turns <input type="checkbox"/> T 7:45-8:45 Beg Leaps/ Turns	
<input type="checkbox"/> Lyrical	<input type="checkbox"/> M 7:45-8:45 Int Lyrical <input type="checkbox"/> Th 5:30-6:30 Adv Lyrical <input type="checkbox"/> F 5:30-6:30 Beg Lyrical <input type="checkbox"/> F 7:30-8:30 Pre Lyrical	
<input type="checkbox"/> Tumbling	<input type="checkbox"/> S 9:00-10:00 Beg Tumbling <input type="checkbox"/> S 10:00-11:00 Int Tumbling	
Registration Fee	<input type="checkbox"/> \$25 Individual <input type="checkbox"/> \$40 Family	Sibling Discount? <input type="checkbox"/> YES <input type="checkbox"/> NO
Total Number of Classes _____	Monthly Tuition \$ _____	X 15% = \$ _____

Tuition is due between the first and the tenth of each month. If payment is not received on the 10th of the month, a **\$10.00 late fee** will be added to the student's account. All tuition paid after the 16th of each month the late fee will increase to **\$20.00**. The "Late Fee Policy" for SkyDance Academy is STRICTLY ENFORCED.

By signing this form, I understand, I take responsibility for all risks and give permission for me/my child to participate in SkyDance Academy's programs without restrictions. I hereby release SkyDance Academy, and the teachers, and associates of any and all liabilities. I authorize SkyDance Academy to copyright or publish any photographs or video footage taken of my child while participating as a student of SkyDance Academy's, and SkyDance Academy may use these without limitations or reservations. I have read and agree to all the terms and conditions as set by SkyDance Academy (see registration package or online registration information for conditions).

Signature _____ Date _____
 (Parental signature required if under 18 years of age. Students signature if 18 years of age or older)