



2011-2012 Enrollment Form
Classes start Monday, September 12, 2011
 The Arts Center School of Music and Dance
 2411 Shawnee Road, Suite A
 Lima, Ohio 45806
 419-221-3677

Account #: _____ (office use)
 Date: _____

Parents or Guardians Name: _____
 (Please print) (Last name) (Mother's Name) (Father's Name)

Address: _____
 (Street) (City) (Zip code)

Home Phone: _____ Emergency Phone: _____

Cell Phone: _____ Email Address: _____

Where did you hear about The Arts Center School of Music and Dance? _____

1st Student Name: _____ Birthday: _____ Age: _____ Grade: _____

Previous Dance Experience: _____

Health Conditions: _____ Check One New Student _____ Returning Student _____

Course	Day/Time
1.) _____	_____
2.) _____	_____
3.) _____	_____
4.) _____	_____
5.) _____	_____

2nd Student Name: _____ Birthday: _____ Age: _____ Grade: _____

Previous Dance Experience: _____

Health Conditions: _____ Check One New Student _____ Returning Student _____

Course	Day/Time
1.) _____	_____
2.) _____	_____
3.) _____	_____
4.) _____	_____
5.) _____	_____

3rd Student Name: _____ Birthday: _____ Age: _____ Grade: _____

Previous Dance Experience: _____

Health Conditions: _____ Check One New Student _____ Returning Student _____

Course	Day/Time
1.) _____	_____
2.) _____	_____
3.) _____	_____
4.) _____	_____
5.) _____	_____

Continue on the back

Emergency Medical Authorization and Release and Waiver

In the event reasonable attempts to contact me at the above phone numbers are unsuccessful, I hereby give my consent to 1.) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) at _____ (phone) or by Dr. _____ (preferred dentist) at _____ (phone). In the event the designated preferred practitioner is not available, I consent to transfer the child to _____ (preferred hospital) or any hospital reasonably accessible. The Arts Center School of Music and Dance cannot assume responsibility for treatment of an ill or injured child beyond the administration of simple first aid.

In consideration of said student/s enrolling with The Arts Center School of Music and Dance, the parents/guardian and the said student/s voluntarily assume all risk of accident of damage to said student/s property and hereby release and discharge The Arts Center School of Music and Dance from every claim, liability or demand of any kind for or on account of any personal injury or damage of any kind.

Authorized Signature: _____ **Date:** _____

Photo Release

By signing below, I give The Arts Center School of Music and Dance permission to publish photographs of my family in advertising and marketing campaigns. I understand pictures may be used indefinitely in newspapers, magazines, brochures, on the internet and other media associated with The Arts Center School of Music and Dance, without photo credits.

Authorized Signature: _____ **Date:** _____

Tuition and Performance Policies

I understand there is an annual, non refundable registration fee.

I understand tuition is due by the 1st of each month, and is late after the 10th.

I understand there is a \$10.00 late fee if tuition is unpaid by the 10th of each month.

I understand a costume payments are due and paid in full by **December 1, 2011**.

I understand if the costume balance is not paid in full my student/s will not receive a costume.

I understand I am responsible for tuition until I formally withdraw in writing.

I understand student/s are performing in the annual recital unless notification is given by October 15th.

I understand tuition is not prorated for reasons such as illness, vacations, or short months.

I understand that if costume deposits have not been paid, a costume will not be ordered.

I understand and agree to abide by these policies as long as my family is enrolled at The Arts Center School of Music and Dance.

Authorized Signature: _____ **Date:** _____

RETURNING STUDENTS REGISTRATION FEE \$10.00

NEW STUDENT REGISTRATION FEE \$20.00

**** TO HOLD A SPOT FOR YOUR CHILD, PLEASE INCLUDE THE REGISTRATION FEE FIRST MONTHS TUITION AND THE COMPLETED REGISTRATION FORM****

Pay for the entire year and save:

Yearly Tuition Paid in Full by August 8, 2011 10% discount

Yearly Tuition Paid in Full by September 1, 2011 5% discount

NO RETURNS OR REFUNDS ON REGISTRATION FEES OR TUITION PAID IN FULL

MAKE CHECKS PAYABLE TO THE ARTS CENTER AND MAIL TO:

The Arts Center 2411 Shawnee Road, Suite A Lima, Ohio 45806