

Reach for the Stars Dance Studio 2017-2018 Registration

PLEASE MAIL COMPLETED APPLICATION AND \$15 REGISTRATION TO:
PO Box 616, Mount Pocono, PA 18344

Phone: 570-839-7340 **Website:** www.rch4thestars.net **E-mail:** rch4thestars@hotmail.com

STUDENT INFORMATION

Date of Birth: _____ / _____ / _____ Age: _____ Sex: _____
 Child Name: _____
 Recommended By: _____

FAMILY INFORMATION

Parent Name _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email: _____

MEDICAL INFORMATION

Allergies	Prescriptions

Please list other areas of concern or special needs: _____

EMERGENCY CONTACTS

Your child(ren) will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached.

Name	Home Phone	Cell Phone

HELPFUL INFORMATION ABOUT THE CHILD

Previous Dance Experience

Studio	Area of Dance	Number of Years

SUGGESTED CLASS PLACEMENT *If unknown, please see Artistic Director

Class Name, Day & Time

CONDITIONS FOR REGISTRATION – PLEASE READ CAREFULLY

Just as in any form of physical activity, there is always a chance of injury. Reach for the Stars Dance Studio does their best to provide a safe environment and can not be held responsible for any injury that occurs.

I acknowledge and agree with the above statement.

Signature _____

Date: _____

I understand that Reach for the Stars Dance Studio retains the right to use any photographs, videos and motion picture recordings or any event for use on the school's website, publicity, advertising or any legitimate purpose.

I acknowledge and agree with the above statement.

I do not want my child photographed.

Signature _____

Date: _____

YEARLY REGISTRATION

A \$15 non-refundable registration fee covers the full academic year payable upon enrollment. The registration fee and first month tuition is required to ensure placement. Additional family members must also pay a \$15 registration fee. Class sizes are limited.

TUITION

Tuition is a yearly fee. For your convenience, R4TS has divided the payments into 10 monthly installments. **ALL 10 PAYMENTS ARE DUE REGARDLESS OF ENROLLMENT DATE.** For example, if registering in October, both September & October payments are due at time of registration. **Tuition is due by the 7th of the month**, a \$5.00 late charge will be assessed for **each** week that it is late. Personal checks are accepted. If a check is returned a \$30.00 service charge will be assessed to your account and all other payments thereafter will be accepted in cash, PayPal, or money order only. If you are paying by check or cash, please put in an envelope with your dancer's name, amount, and description of payment (tuition, costume payments, recital fee). You are responsible for notifying office staff if your student drops a class or discontinues coming to the dance studio. Tuition will be charged for all classes held until the office staff is notified in writing of student's withdrawal.

Your account must be paid in full by June 7th for your child to participate in the June Recital. **Tuition is a yearly fee.** For your convenience, R4TS has divided the payments into 10 monthly installments. **ALL 10 PAYMENTS ARE DUE REGARDLESS OF ENROLLMENT DATE.** For example, if registering in October, both September & October payments are due at time of registration. **Tuition is due by the 7th of the month**, a \$5.00

MAKE UP CLASSES

Students are entitled to make-up classes due to sickness, vacation or late registration. All make-up classes must be cleared with the instructor in order for you to take advantage of this benefit. If the studio needs to close during inclement weather, R4TS offers make-up classes when/if scheduling permits, otherwise you must make-up snow dates at your convenience. There is no credit for missed classes.

PAYMENTS

- | | | |
|--------------------------|--|----------|
| <input type="checkbox"/> | A. Payment in full for a 5% discount by August 15th..... | \$542.00 |
| <input type="checkbox"/> | B. Monthly payment for multiple classes* or multiple children | |
| | <input type="checkbox"/> 1 Class | \$57.00 |
| | <input type="checkbox"/> 1 1/2 Class | \$77.00 |
| | <input type="checkbox"/> 2 Classes | \$98.00 |
| | <input type="checkbox"/> 3 Classes | \$134.00 |
| | <input type="checkbox"/> 4 Classes | \$165.00 |
| | <input type="checkbox"/> 5 Classes | \$190.00 |
| | <input type="checkbox"/> 6 or more Classes | \$218.00 |
| <input type="checkbox"/> | C. If you need a special payment arrangement, please see the office manager. | |

** Additional classes will be added as necessary.

I understand and am in agreement with the terms mentioned above:

Signature _____

Date: _____

For office use only: Medical Form Costume/Recital Agreement Acknowledgement Form/Information Form
Paid: cash check # M/C/Visa PayPal Amt: \$ Date: / / First Time Registration Y/N