



## MISSION DANCE & PERFORMING ARTS STUDENT REGISTRATION FORM

\_\_\_\_NEW STUDENT \_\_\_\_RETURNING \_\_\_\_CORRECTION \_\_\_\_DROP-IN ONLY

### **STUDENT INFORMATION**

(Last Name, First Name)

(office use only) STUDENT CODE \_\_\_\_\_ CLASS CODE \_\_\_\_\_

\_\_\_\_\_ male/female Best Phone Number to reach you: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birthdate: mm/dd/yy \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Best E-mail address to contact you: \_\_\_\_\_

Additional E-mail address to send info to: \_\_\_\_\_

Prior Dance Experience? (PLEASE CIRCLE) Yes No How Long? \_\_\_\_\_ Where? \_\_\_\_\_

Please list style(s) of dance: \_\_\_\_\_

### **PARENT(S) / GUARDIAN(S) RESIDING WITH CHILD**

Mother's Name \_\_\_\_\_ Mother's Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Cell \_\_\_\_\_

Emergency Contact name \_\_\_\_\_ Contact Number \_\_\_\_\_

Please advise us of any medical condition that may affect the student's participation:

How did you hear about MDPA? Friend \_\_\_\_ Social Media \_\_\_\_ Internet search \_\_\_\_ Other \_\_\_\_

Would you like to authorize your credit card to set up monthly auto pay? \_\_\_\_ Yes \_\_\_\_ Not at this time

(please fill out auto pay form)

**Mission Dance & Performing Arts**, hereinafter referred to as MDPA, shall not be held responsible or liable by any student or parent or guest of any student or parent for bodily injury or damage or loss of property for any reason. The undersigned is familiar with the risks and perils inherent with sports activities which are conducted at MDPA. The undersign releases MDPA of any and all liability from personal injury to himself/herself, his/her child(ren), and guests for all personal injury to himself/herself and his/her child(ren) and guests. Therefore in consideration of being permitted to become a student of MDPA or to enroll his/her child(ren) as student(s) of MDPA, the undersigned hereby voluntarily assumes all responsibility on behalf of himself/herself and his/her children and guest, for all personal injuries, property damages and/or any other damage resulting from or in any way associated with the entry upon MDPA's operating premises and/or participation in any of the activities sponsored by MDPA. Furthermore, the undersigned releases MDPA and it's Officers, Managers, Teachers, Employees from all claims and liabilities, and demands of any kind.

**Fees:** Shall not be refundable to the parents/students. Students who miss a lesson have 30 days to make up missed class from September through February then classes are closed. Tuition is always due the first lesson of each new month. Tuition not paid by the 10th (tenth) will result in a \$15 late fee charge.

**Cancellation:** A student who is current in all financial obligations to MDPA may withdraw with at least 2 weeks advance notice. Please send email with child's name, class day, class time, and teacher, along with the reason for withdrawing.

**I have received and understand** the \*studio policies, \*tuition and \*payment information, \*calendar, and \*dress code. I agree to be responsible for reading studio correspondence and respecting deadlines, if applicable. I hereby acknowledge that I have read the the statement above and agree to participate accordingly. I hereby give permission to MDPA to take and use photos for promotional uses for studio.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_