

The Academy of Dance Arts

DATE: ___/___/___

STUDENT REGISTRATION

TERM: _____

STUDENT NAME: _____

DATE OF BIRTH: _____

HOME ADDRESS: _____

AGE: _____ GRADE: _____

CITY: _____ STATE: _____

ZIP CODE: _____

NAME OF PARENT(S) OR GUARDIAN: _____

CELL PHONE #: _____

CAN WE TEXT YOU? YES NO

EMAIL: _____

HOME PHONE #: _____

CLASS NAME	DAY	TIME	# OF WEEKS	TOTAL FEE
1.				
2.				
3.				
4.				
5.				
6.				

FOR OFFICE USE:

AMOUNT PAID \$ _____ CHECK # OR CARD _____

***** "PAYMENT GUARANTEE POLICY" *****

Please Read and Fill Out Both Sides of attached Form.

CHECK HERE
TO "AUTO-PAY" EACH TERM I THRU V*

**"AUTO PAY" DESCRIPTION: The Academy automatically bills the Tuition Payment to your Credit Card at the beginning of each Term (every 8-weeks). The receipt is mailed to your home. If you wish to take advantage of this procedure, please fill in your card information on the attached form. *Please be assured we will only charge Tuition payments to your account.*

FOR OFFICE USE:

STUDENT #1	\$ _____
STUDENT #2	\$ _____
STUDENT #3	\$ _____
SUB TOTAL:	\$ _____
DISCOUNT:	\$ _____
REGISTRATION:	\$ _____
TOTAL:	\$ _____

HOW DID YOU HEAR ABOUT US?

- | | | | |
|---|--|--------------------------------------|--|
| <input type="checkbox"/> INTERNET SEARCH | <input type="checkbox"/> FLYER / MAILING | <input type="checkbox"/> PHONE BOOK | <input type="checkbox"/> RETURNING STUDENT |
| <input type="checkbox"/> REFERRED BY FRIEND | <input type="checkbox"/> WALK-IN | <input type="checkbox"/> OTHER _____ | |

WAIVER OF LIABILITY

I, THE UNDERSIGNED STUDENT/PARENT/GUARDIAN OF ABOVE STUDENT, A MINOR, RECOGNIZING THAT CLASSES INVOLVING PHYSICAL ACTIVITY MAY RESULT IN PERSONAL INJURIES, DO HEREBY RELEASE, DISCHARGE, AND AGREE TO HOLD HARMLESS AND SAFE FROM ANY AND ALL LIABILITIES, THE ACADEMY OF DANCE ARTS, ITS OFFICERS, OWNERS, AGENTS, AND EMPLOYEES FROM ANY AND ALL CLAIMS, DEMANDS, RIGHTS, ACTIONS, AND CAUSES OF ACTION ARISING OUT OF ACTIVITIES OF SAID BUSINESS, INCLUDING BUT NOT LIMITED TO, DANCE, TUMBLING, AND RELATED CLASSES, PRACTICES, AND PERFORMANCES.

Signed: _____
Student or Parent/Guardian of Student if under 18 years of age

Date: _____

STUDENT NAME: _____

PREVIOUS DANCE EXPERIENCE

<u>Studio/School</u>	<u>Number of Years</u>	<u>Course of Study</u>

EMERGENCY INFORMATION

Physicians Name: _____ **Phone:** _____

Health Insurance Carrier: _____ **Policy #:** _____

Please describe any allergies, health conditions or medications used:

In case of emergency, please notify: _____ **Phone:** _____

Relationship to Student: _____

OFFICE USE ONLY BELOW:

PAYMENT HISTORY

<u>DATE</u>	<u>TERM</u>	<u>AMOUNT</u>	<u>METHOD OF PAYMENT</u>	<u>DATE</u>	<u>TERM</u>	<u>AMOUNT</u>	<u>METHOD OF PAYMENT</u>
1.				16.			
2.				17.			
3.				18.			
4.				19.			
5.				20.			
6.				21.			
7.				22.			
8.				23.			
9.				24.			
10.				25.			
11.				26.			
12.				27.			
13.				28.			
14.				29.			
15.				30.			

SCHOOL YEAR: _____

DANCERS' LAST NAME: _____

PLEASE PRINT CLEARLY!

The Academy of Dance Arts

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PAYMENT GUARANTEE POLICY

Please be advised of a "Payment Guarantee" that will be required of all Academy clientele for each Academy school year to ensure timely payment of all purchased Tuition and Costume Fees. Tuition Fees are due the first week of each Term (8-weeks) unless arrangements have been approved in advance. If payment is not received by the end of the 2nd week of the current 8-week Term, it will be automatically charged on a credit card (no debit cards please). This card number must be kept on file with the Academy of Dance Arts until all financial obligations for Fees and/or Services are met.

Please understand that in order to continue to offer the exceptional dance programs and Master Instructors the Academy makes available for excellence in dance training, it is imperative that timely payments be made. Office Staff has been working what seems like endless hours in attempting to collect past due balances and unless this policy is enforced, this will result in future tuition raises to cover this huge expense.

All Academy accounts have a two-week (2-week) period to make their payment for any Fee and Tuition by check, cash, or for your convenience, "Auto-Pay" (see "Auto-Pay" description on the Registration Form). After this two-week period, all Fees and Tuition that are due will be automatically charged to your credit card on file. This procedure is used at Dance Institutions across the country and will now be implemented by The Academy as well.

Academy Terms I thru V are listed at the top of your class schedule, on our Website as well as on Academy Dance Alliance Calendars. We also post a reminder on the bulletin boards throughout the Studio and on our Website Calendar when each new Term begins and Tuition is due. Summer Term is optional (except for Alliance Team Members) and shall be purchased and paid at the time of Summer Registration only.

Once you begin and purchase services for a Term (8-weeks), absolutely no refunds will be given for Tuition or Fees (unless serious illness or injury occurs). If a serious medical illness/injury does occur, a doctor's medical note must be provided per Academy policy in our Academy Handbook that may be viewed online. In order to withdraw a student from the program or a class, a parent/guardian must complete and sign an Academy withdrawal form (provided at the Front Desk), **before** the next Term begins. No refunds will be given for charges processed previously to receipt of the withdrawal form. Students who stop attending class will continue to be charged for the next Term unless a signed withdrawal form is received. No withdrawals will be accepted after Term IV of each school year.

Please Note: A \$25.00 fee will be charged for each declined billing run.

Please read, sign, and date in conformance to The Academy of Dance Arts "Payment Guarantee."

(Must be returned with Registration)

I understand Tuition for purchased services not paid by the first week of each Term, with a one week grace period and/or fees for service (competition, costume, studio fees, if applicable) not paid by due dates, will result in my child being unable to participate in dance classes.

*I also understand that Tuition and all Fees due for service, costumes, tuition, registration, competitions, etc., are to be paid before any Private Lessons are scheduled. The Instructors are aware of this policy and will check with the Front Desk **BEFORE** scheduling any private lessons. Private lessons, along with choreography done for Solos, Duets, Trios, etc., is supplemental training and therefore secondary.*

I understand and will abide by the policies as stated above.

Parent/Guardian Signature

(Date)

CREDIT CARD AUTHORIZATION

For *The Academy of Dance Arts*

**TO REMAIN IN FULL FORCE UNTIL ALL FEES ARE PAID WHICH ARE
PURCHASED FROM THE ACADEMY OF DANCE ARTS ON BEHALF OF AND
WITH FULL AUTHORIZATION OF THE CLIENT BELOW**

I hereby authorize The Academy of Dance Arts to charge my credit card according to the installment plan identified on the front page for the purpose of paying for my and/or my child's dance instruction and related fees while an active Student at The Academy of Dance Arts. I have read the aforementioned and fully understand that these charges will continue and this authorization will remain in full force until the full amount of the financial obligation of Tuition, and (if applicable), Costume Payments, Competition Fees, etc. are fulfilled. I agree in the event that the charges are denied by the credit card institution identified below for any reason, I will be notified and obligated to pay by other means within 15 days of such notice. I also understand that I will be financially responsible for payment of late fees and/or penalty fees should the institution assess such charges on The Academy of Dance Arts. I also understand that in order to stop automatic payments, I am responsible for the timely completion of the Academy Withdrawal Form. No refunds will be given for charges processed previously to receipt of Withdrawal Form. Students who stop attending class will continue to be charged for the next term unless a signed Withdrawal Form is received. No withdrawals will be accepted after Term IV of the school year. I also agree that if any credit card information changes, (address, card number, expiration date, security code, etc.) it is my responsibility to inform the Academy Office Desk of these pertinent facts.

Name on Credit Card: _____

Please circle one: **Visa** **MasterCard** **Discover** **American Express**

Card Number: _____

Expiration Date: _____ **Security Code (3digits on back):** _____

(4 digits for AMEX): _____

Billing Address of Card Holder: _____

Zip Code: _____

Cardholder Signature: _____