

Pazaz Christian Dance Academy

Enrollment 2011 - 2012
105 West Fourth Street, Suite 203 & 204
Greensburg, PA 15601
www.pazazchristiandance.com

Studio # 724-837-2787
After Hours# 724-493-1621
pazaz@live.com

Enrolling Student's Name: _____
New Student Returning Student Sibling of Returning Student

Sex: M or F Date of Birth: _____ Age as of Sept. '11: _____

Mailing Address: _____

Home Phone Number: _____

Father's Name: _____ Cell: _____

Mother's Name: _____ Cell: _____

E-mail Address: _____

Emergency Contact: _____ Phone
Number _____

Church Affiliation: _____

Dance Education: _____

CONFIDENTIAL Please answer if student is under the age of 18.

Student Lives with:

Both Parents Mother Father Other

Please specify if other _____

Any special needs (learning, behavioral, handicaps) that PCDA should be aware of: Y or N

Please list: _____

Medication: _____

How did you hear about Pazaz Christian Dance Academy:

Enrollment Pledge Agreement

I understand and agree to the following (please initial each to show that you have read and understand):

____1. Tuition is based on a yearly fee schedule, but may be paid on a monthly basis. Payments are broken down into 10 monthly payments for the enrolling families.

____2. Tuition payments are due the first week of every month. Payment schedule is as follows:

#1 September 1 – 7

#6 February 1 - 7

#2 October 1 - 7

#7 March 1 - 7

#3 November 1 - 7

#8 April 1 - 7

#4 December 1 - 7

#9 May 1 - 7

#5 January 4 – 10

#10 June 1 – 7

These payments will be considered delinquent if they are not made within ten days of the first scheduled due date. A late fee of 15% of your tuition amount will be charged for each month a payment is delinquent unless alternative arrangements are made.

____3. Tuition payments and all remaining fees must be in current order for the student to participate in any PCDA performance or year end program.

____4. If the student needs to withdraw from classes, I am responsible for tuition in full until such a time as a withdrawal letter is submitted. No refunds will be given on tuition.

____5. I agree to pay a costume fee/deposit which can be paid in one lump sum or in four monthly payments with the remaining balance due by no later than January 31. I understand that separate costumes may be required for each movement class that my child or myself are enrolled in and may result in a higher costume fee. I understand that if this fee is not paid a costume will not be ordered for this student when the school orders costumes in December.

Reminder: the deposit is not the final costume payment amount.

____6. Registration fee for all students and their siblings is \$20.00 per student or \$35.00 per family plus the first month's tuition (non-refundable).

____7. I understand that PCDA reserves the right to cancel any class that does not have sufficient number of students to support the class.

____8. All students must sell a minimum of four tickets (families of more than one student must sell at least 6 tickets) for the year end program. Also, families must sell at least 2 ads to help cover the cost of the Program Keepsake books.

____9. I understand that if I/my child misses more than 4 classes after choreography has started that the teacher has the right to ask that child not to participate in the end of the year performance. It is very important for all students to maintain a faithful attendance during this time period so that there will be no confusion about placement and timing.

____10. I understand the importance of trying to participate in at least 2 fundraisers at PCDA. I understand that the fund raisers are used to benefit the student and the needs of the studio. They are also used to purchase necessary items for the studio, props, and end of year trophies. I understand that any monies remaining in my child's fundraising account at the end of the school year will be forfeited and added to the PCDA general fund.

____11. I have read the PCDA handbook and agree that my child and/or I will adhere to all the rules and requirements therein.

Participant Name: _____

Liability Release:

I am aware that dance training and the athletic exercises associated with it place unusual stress on the body and carry the risk of physical injury. On behalf of my child and myself (and if I am no Longer a minor, on my own behalf), I assume the risk and agree that Pazaz Christian Dance Academy (PCDA) shall not be liable in any way for injuries sustained during attendance at the Academy or any of its related functions. I also understand that good ballet training involves touching and adjustment of the students body by the instructor.

Publicity Release:

I hereby authorize PCDA to record the student's picture and voice on photographs, films, and tapes, to edit these recordings at its discretion, to incorporate these recordings at its discretion, and to incorporate these recordings into movie and sound films on tapes, radio, or television broadcast programs. I also give my permission for PCDA to use and license others to use these materials for publicity, advertising and sales promotion and to use the student's name, likeness, voice, biographic, or other information in the connection with them. I acknowledge that no promises of compensation were made by PCDA for such use.

Medical Release:

In the event I cannot be reached, I hereby give my permission to the management, faculty, staff and chaperons of PCDA to authorize any emergency care that may be required by the above student during participation on classes, performances, or any related PCDA events. This authorization extends throughout the dance season. I understand that I am responsible for any charges as a result of such care or medical treatment.

Emergency Contact:

Name: _____

Telephone: _____

Medical Insurance Information:

Name of Insurance Company: _____

Telephone: _____

Company

Address: _____

Policy Holder's Name: _____

Employer: _____

Group Number: _____ ID

Number: _____

Participant Medical Information:

Please list all allergies:

Please list any medications that the participant is currently taking:

Please list any medical conditions, past or present, of which PCDA should be aware:

Signature:

I have read, understand, and agree to the Liability, Publicity, and Medical Releases.

Signature: _____ Date: _____