

2018-2019 FALL PRE-REGISTRATION FORM

In order for your child to receive priority status in class placement, we encourage you to register early. The registration fee is \$50 for all new students (not to exceed \$100 per family). In order for students currently enrolled to receive the early registration fee of \$30 (not to exceed \$100 per family), the student **must register on or BEFORE June 8, 2018**. Please be sure to include all necessary information on the enclosed form so that we may place your child in the appropriate class.

PAYMENT PLAN A B C

How did you hear about us? _____

STUDENT NAME (LAST) _____ (FIRST) _____

DATE OF BIRTH _____ AGE _____ MEDICAL PROBLEMS _____

MAILING ADDRESS _____

CITY/STATE _____ ZIP CODE _____

YOUR CHILD WILL BE ENROLLING IN THE FOLLOWING CLASSES (please check all that apply):

Preschool Primary I Primary II Beg/Elem Beg/Sec Teen: Tap Ballet Jazz
2 1/2 -3 4-5 6-7 8-10 11-13 14 & up

Specialty Classes: Hip Hop I Hip Hop II Hip Hop III Hip Hop IV Int/Tap Int/Elem Int/Sec
6-8 9-10 11-13 14 and up 11 & up 10-12 11-13

Non-Performance Classes: Leaps & Turns Acro for Dancers Jump Start Jazz Dance Team Prep Adult Company:
6-12 5-8 9 & up 18 & up Audition

CONTACT NAME: _____ RELATION TO STUDENT: _____

HOME _____ CELL _____ *EMAIL _____

PLACE OF EMPLOYMENT _____ WK PHONE _____

CONTACT NAME: _____ RELATION TO STUDENT: _____

HOME _____ CELL _____ *EMAIL _____

PLACE OF EMPLOYMENT _____ WK PHONE _____

***Email addresses are automatically placed on email distribution list.
Please download our mobile app to receive push notifications on your smartphone.**

NEW STUDENTS ONLY: PREVIOUS DANCE EXPERIENCE
(Please list the courses taken and the number of years. Also include instructors' names and the studio.)

SCHEDULING INFORMATION

Please prioritize the following 1-5, with 1 being the most preferred.

MOST IMPORTANT: TEACHER _____ TIME _____ DAY OF WEEK _____ CLASSMATES _____

BEST DAY: MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY _____

TIME: BEST TIME _____ AS EARLY AS _____

LIABILITY DISCLAIMER

Dancing is a strenuous activity from which injuries could arise. Jean Leigh Academy of Dance, the teachers and employees are not liable for personal injuries, or loss of, or damage to personal property. Each student may decline to participate in any activity. Please inform Jean Leigh and instructors of any physical limitations you may have. If you are in doubt as to your physical abilities, please consult your physician before participating. I represent that I am, or my child is, physically able to participate in all activities. I hereby authorize any and all medical attention to be administered to myself or child in the event of accident, injury, sickness, etc., under the direction of Jean Leigh Academy of Dance until such time as I, or the appointed emergency contact person, can be contacted. I assume the responsibility for payment of any such treatment. I have notified Jean Leigh of any special medical needs or information required for myself or child. I, for myself, my child, my spouse, heirs, legal representatives and assigns, expressly release, waive, discharge and hold harmless Jean Leigh Academy of Dance, its officers, directors, employees, teachers, agents, successors, predecessors, sponsors, legal representative and assigns from all claims, demands, losses, actions, judgments, suits, executions and liabilities of any kind. In addition, this release is for the entire premises of Jean Leigh Academy of Dance, including but not limited to common areas, restrooms, studios, offices, sidewalks, parking areas and grounds and any location an activity may be held. **THANK YOU.**

WE RESERVE THE RIGHT TO REFUSE ADMITTANCE.

PRINT PARENT NAME: _____

PARENT SIGNATURE: _____ **DATE:** _____

*Jean Leigh Academy of Dance exists only because of you.
Your comments and suggestions are welcome and vital to our ability to serve your needs.*

FOR OFFICE USE ONLY:

SIBLING & CLASS _____

DATE RECEIVED _____

REGISTRATION FEE \$ _____ TUITION \$ _____ PLAN A PLAN B PLAN C

CHECK# _____ DEBIT/CREDIT CASH TOTAL AMOUNT PAID \$ _____
 Reg Tuition Costume Revue Fee

RECEIVED: Policy Statement Payment Option Form

JACKRABBIT: Update Info Enrolled in Class Payment Info