

2021-2022 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 4, 2021**. 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 B+ C

How did you hear about us? _____

STUDENT NAME (LAST) _____ (FIRST) _____

DATE OF BIRTH _____ AGE _____ MEDICAL PROBLEMS _____

MAILING ADDRESS _____

CITY/STATE _____ ZIP CODE _____

YEARS OF DANCE (including this year) 5 _____ 10 _____ 15 _____

*For end of year recognition. We do accept years taken at other studios.

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

(All ages are as of December 31, 2021)

Combo Classes:

Preschool Primary I Primary II Beg/Elem Sec/Teen
2 ½-3 4-5 6-7 8-10 11 and up

Specialty Classes:

Hip Hop I Hip Hop II Hip Hop III Hip Hop IV
6-7 8-10 11-13 14 and up

Intermediate/Advanced Classes **must have teacher approval:

Int/Elem Adv/Elem Adv Tap Pointe Audition
8-10 8-10 12 & up 11 & up 8 & up

Non-Performance Classes:

Lil Hoppers Leaps & Turns Acro (Beginner) Acro (Intermediate)
5 11 & up 6 & up 8 & up

Short Courses:

Jump Start Jazz Session 1 Jump Start Jazz Session 2 Dance Team Prep
5-8: Oct 20-Dec 15 5-8: Feb 2-Mar 30 10 & up: Feb 2-Mar 30

CONTACT NAME: _____ RELATION TO STUDENT: _____

HOME _____ CELL _____

*EMAIL _____

CONTACT NAME: _____ RELATION TO STUDENT: _____

HOME _____ CELL _____

*EMAIL _____

*Email addresses are automatically placed on email distribution list.

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.

I hereby consent to and authorize the use and reproduction by Jean Leigh Academy of Dance, or anyone authorized by Jean Leigh Academy of Dance, of any and all photographs that have been taken of my child(ren) for dance purposes. Jean Leigh Academy of Dance reserves the right to use these photographs in any of its print or electronic publications.

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 B PLUS PLAN C

CHECK# _____ DEBIT/CREDIT LAST 4 DIGITS _____ CASH RECEIPT # _____

TOTAL AMOUNT PAID \$ _____ Reg _____ Tuition _____ Costume _____ Revue Fee

RECEIVED: _____ Policy Statement _____ Payment Option Form

JACKRABBIT: _____ Update Info _____ Enrolled in Class _____ Enter Payment Info