

Returning Student
 New Student

How did you hear about us/who referred you?

REGISTRATION FORM
 Please Complete ALL Sections
 (to be completed by Adult or legal guardian)

1. STUDENT INFORMATION				
Name:		Ethnicity:	Age:	Gender:
School Presently Attending:		Grade:	DOB:	
Home address:		Apt.	City:	Zip Code:
Dance History: Previous training, most recent classes & location:				
Please list all other currently enrolled siblings or family members from the same household:				
2. MEDICAL INFORMATION – REQUIRED. Application is considered incomplete if this section is left blank. Please write None in areas that are not applicable to your child. You may use the reverse side of this form for additional information or explanation of any medical conditions or medications if necessary.				
List any physical or dance related problems you have including injuries, bone, joint, or muscular disorders, etc:				
List any medical conditions you have including asthma, high or low blood pressure, heart conditions, allergies etc:				
List medications that you take regularly(prescription/non-prescription):				
3. PARENT OR RESPONSIBLE PARTY INFORMATION				
Name:		Cell Phone:	Work Phone:	
Relationship to student:		Email Address:		
Employer:				
4. IN CASE OF AN EMERGENCY				
Emergency Contact's Name (other than parent):		Emergency Contact's Phone:	Relationship:	
Physician:		Physician's Phone:		
5. FOR REPORTING PURPOSES ONLY - Please complete the following section. This registration form is strictly confidential.				
My Family is eligible for TANF/SNAP/Free or Reduced School Lunch: <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your company contribute to the Arts? Yes <input type="checkbox"/> No <input type="checkbox"/> Offer matching Funds? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Current Household income:	<input type="checkbox"/> Under \$15,000	<input type="checkbox"/> \$15,000–\$25,000	<input type="checkbox"/> \$25,000–\$35,000	
<input type="checkbox"/> \$35,000–\$45,000	<input type="checkbox"/> \$45,000–\$55,000	<input type="checkbox"/> \$55,000–\$100,000	<input type="checkbox"/> \$100,000 and above	
6. ENROLLMENT INFORMATION (If the student is doing the Pre-Professional program simply write PRE-PRO on the first line)				
Day / Time / Class / Instructor:		Day / Time / Class / Instructor:		
Day / Time / Class / Instructor:		Day / Time / Class / Instructor:		

Student's Name:

Consent / Waiver

I fully understand the above and agree to abide by the purposes, policies and requirements of the Dallas Black Dance Theatre.

Consent / Liability

I consent to enroll my child / self _____ and accept full responsibility of the named student participant and myself while on the premises of 2700 Ann Williams Way, Dallas, Texas 75201. I agree that *Dallas Black Dance Theatre* shall not be responsible in case of sickness or injury of the child while in attendance or in transit to and from Dallas Black Dance Theatre. I hereby release and hold harmless the Dallas Black Dance Theatre and all other persons and entities associated from all injuries, sickness and/or damages.

_____ I also consent and agree to have my child/self photographed for publicity purposes of Dallas Black Dance Theatre/Academy only.
(Please initial)

In case of emergency, I authorize Dallas Black Dance Theatre to exercise its best judgment as to treatment needed and facilities to be used. I further grant the staff of the hospital my full permission to perform any treatment they judge necessary to insure the welfare and well-being of my child on such occasion. This permission is granted even though I or the other appointed guardians or the emergency contact for the student are not present or cannot be contacted at the time of such emergency treatment is needed.

Financial Agreement

I, the undersigned, am responsible for the full tuition and any other fees relating to this enrollment term and understand that there is no adjustment of tuition when the student is absent from school or for holidays. Moreover, I have received a copy of the financial policies and take full responsibility for knowing the information included.

I have read and fully understand the above and agree to abide by all of the policies and procedures of the Dallas Black Dance Academy.

X

Signature of Parent or Responsible Party

Date

THIS SECTION FOR OFFICE USE ONLY

Date Received:	Staff Signature:	Registration Paid:	
<ul style="list-style-type: none"> • Registration Fee: \$40; \$30 Early registration (before Aug. 28th) • There is a \$30 NSF Fee on all returned checks. 		Tuition Paid:	
		Total Amount Paid Today:	
		Payment Form: (i.e. check, cc, cash)	
		Balance Due:	
		Balance Paid:	

PAYMENT AND FINANCIAL AGREEMENT FORM

Billing Information

Student's Name:		Date:	
Responsible Party:			
Billing address:	Apt:	City:	Zip Code:
Home Phone:	Cell Phone:	Email Address:	

Payment

1 CASH / MONEY ORDER / CHECK ENCLOSED # _____ AMOUNT: \$ _____
****Payable to: Dallas Black Dance Academy**

2 VISA MASTERCARD AMEX DISCOVER AMOUNT: \$ _____
 (Please include \$2.50 processing fee on each credit/ debit card transaction)

CARD NUMBER: _____
 EXP: _____ CVC: _____

_____ I authorize Dallas Black Dance Academy to set-up recurring charges to my account. I agree to the monthly service charge of \$2.50. Charges will occur on the 5th of each month.

Monthly Semester Costume Fee(s) Recital Fee

Financial Agreement

I, the undersigned, am responsible for the full tuition and any other fees relating to this enrollment term and understand that there is no adjustment of tuition when the student is absent from school or for holidays.

I have read, understand and agree to abide by all of the policies and procedures of the Dallas Black Dance Academy.

X

Signature of Responsible Party	Date
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