

REGISTRATION PACKET

Date _____

Student's Name _____ DOB _____

Address _____ Phone _____

City _____ State _____ Zip _____

School Attending _____ Age _____

Prior Dance Training _____ #/Years _____

Student Lives With: _____ Relationship _____

Emergency Contact: _____ Phone# _____

Allergies/Medical Conditions _____

Mom's Name _____ HM Phone # _____

Address _____ Cell # _____ WK # _____

Dad's Name _____ HM Phone # _____

Address _____ Cell # _____ WK # _____

EMAIL ADDRESS: _____

Join us on Facebook @ Center Stage Dance Company

Office Use Only

Status: _____ /Years CSDC _____

Total #/hrs: _____ **Tuition:** _____ **Monthly:** _____ **Qtrly:** _____

Class _____ Day _____ Time _____ #/hr _____

Class _____ Day _____ Time _____ #/hr _____

Class _____ Day _____ Time _____ #/hr _____

Class _____ Day _____ Time _____ #/hr _____

Class _____ Day _____ Time _____ #/hr _____

Welcome To Center Stage Dance Company

Please read the following information, sign the form at the bottom of the page. Thank you!!!!

I desire to voluntarily engage my child in the dance program at Center Stage Dance Company.

I understand the the purpose of this dance program is to learn choreographed material, increase my child's self esteem and confidence, as well as fitness, body composition, flexibility, muscular strength, and endurance. All programs are designed for overall fitness inside and out.

I understand that I am responsible for monitoring my child's condition throughout the program and should any unusual symptoms occur, I will cease my child's participation and inform the instructor of the symptoms.

Climbing, running, and/or horseplay are not allowed in the classroom or at performances. In the event of an accident occurring from such activities. I agree to hold Center Stage Dance Company and its instructors harmless from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from my child's injury or death, accidental or otherwise, during or arising in anyway from the program.

In signing this consent form, I affirm that I have read this form to its entirety and that I understand the nature of this dance program. I also affirm that my questions have been answered to my satisfaction. I agree to assume all risk of such exercise as well as my child's actions and behavior that could result in accidental injuries.

Signature of Parent or Guardian: _____ Date _____

Please Print:

Name of Student _____ DOB _____

Address _____ City _____

State _____ Zip Code _____ HM Phone _____

Person to contact in the event of an emergency

Address _____ City _____

State _____ Zip Code _____ Phone # _____

Medical Limitations

Explanation of Limitations

FINANCIAL RESPONSIBILITY PAGE

In the past, Center Stage, has on several occasions, billed the incorret party for tuition due to divorce or other types of miscommunications at the time of registration. This form will hopefully eliminate any margin for error when billing for classes, costumes, tuition, and so forth. Please fill out the below information at registration.

STUDENT NAME _____

Name of Adult Responsible for payment _____

SS# _____ License/ID # & State _____

Address _____ City _____ ST _____ Zip _____

HM Phone _____ WK# _____ Cell# _____

SIGNATURE OF RESPONSIBLE PARTY _____

Please print the name/s and relationship of any other parties that may be responsible for payments or costuming. Describe what financial obligations they may be responsible for and have them sign and date below:

Signature of additional person/s responsible for payment: _____

SS # _____ Cell # _____ HM # _____ WK # _____

Address _____ ST _____ City _____ Zip _____

EMAIL ADDRESS: _____

AUTO PAY

A \$10.00 late fee is charged to all accounts not taken care of by the 15th of each month. These charges and fees can be avoided by simply signing up for AUTO PAY. Simply fill out credit/debit card below and sign the permission to charge your card monthly for your account balance. You will receive a Billing Invoice via Email prior to your monthly AUTO PAY being charged.

All delinquent accounts that are turned over to a collection service will be assessed any and all additional fees charged by the collection service for this account. Accounts having to pursue legal action will be charged for any and all court costs and attorney fees.

Fill out the credit/debit card information and sign the permission to charge line and your card will be charged on or after the 8th of the month. Thank You!!!!

CIRCLE: MC/ VISA/OTHER _____ CARD # _____

EXP. DATE _____ S. CODE _____ ZIP CODE _____

NAME ON CARD _____

SIGNATURE FOR
PERMISSION TO CHARGE _____

COSTUME RENTAL FINANCIAL OBLIGATION

Child's Name _____
Parent or Guardian's
Name _____
Address _____
City, State, & Zip _____
Home Phone _____ Cell # _____

Costume

Water Color Dresses and Got God Uniform costuming will be standard issue for recreational students. These will be worn for all performances the entire year except for The Nutcracker Production and Competition Routines.

Nutcracker Costume Rentals

\$35.00 for 1, \$20.00 for each additional costume. Families with 4 or more costumes \$75.00 Family Max.

- & -

Security Agreement Signed and a \$65.00 Security Deposit on Hold. This will not be deposited/charged. This will be held until your costume is returned after The Nutcracker and given back to you.

Got God Uniform

Will be worn for all performances (except listed above)
Includes T-Shirt, Tan Tights, Socks, & Hair Accessory
\$42.00 Child Sizes & \$47.00 Adult Sizes

We will buy the T-Shirt & Hair Accessory back at the end of the year for \$15.00 Child sizes & \$20.00 Adult Sizes (End cost would be \$27.00 Rental Fee for upkeep, mending, cleaning, storage, etc.)

Water Color Dresses

Standard Dresses \$68.00
Empire Dresses \$85.00

We will purchase them back at the end of the year for \$30.00 Standard Dress & \$50.00 for Empire Dress if they are kept in good condition.
(End cost would be \$35.00 Rental Fee for upkeep, replacements, mending, cleaning, storage, etc.)

Costumes must be Paid for in Full before they are handed out

Signature of Responsible Party

MEDIA RELEASE FORM

I hereby grant Center Stage Dance Company the irrevocable right and permission to use photographs and/or video recordings on Center Stage Dance Company's Website, App, YouTube, Social Media Platforms (IE. Instagram, Facebook, Twitter, Snap Chat etc.). and other websites and in publications, promotional fliers, derivative works or for any other other similar purpose without compensation to me.

I understand and agree that such photographs and/or videography of me (or my child) may be places on the internet for advertisement. I waive the right to approve any final products. I agree that all such portraits, pictures, photographs, videography, audio recordings and any other reproductions of them belong to Center Stage Dance Company and the photographers/Videographers who produced these items.

I hereby release, acquit and forever discharge Center Stage Dance Company, its Directors, instructors, choreographers, assistants and staff alike from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs/videography, included but not limited to any claims for invasion of privacy, appropriation of likeness.

I hereby warrant that I am eighteen (18) years of age or more and competent to contract in my own name or, I am less than eighteen years of age, that my parent or guardian has signed this release form below.

DANCER

DATE

PARENT AND/OR GUARDIAN

DATE

NOTES FROM BOOKKEEPER

Hello, I would like to introduce myself. My name is Kim Thomas and I will be taking care of the accounts and look forward to working together. **"Communication Is the Key"** to keep all our accounts up to date, by fixing any discrepancies quickly. Please direct all inquires about your bill to me. Please notify me immediately of any problems or discrepancies you have with your account. The longer you wait the harder the problems are to resolve. **Monthly Account Invoices** will be sent by **E-Mail** unless you write on your **Registration Packet** that you want them mailed. Most all my correspondence will be by e-mail, so please make sure I have your correct e-mail address & check yours regularly. E-mail me at:

csdc_ooltewah.bk14@yahoo.com

You can also call me & leave a message or text me on any day at (423)-432-2451.

I will get back to you A.S.A.P.

Monthly Statements will be e-mailed out the last week of class each month (example-last week in August for September).

Please remember tuition is due the 1st week of class each month. If tuition is not paid by the 15th a \$10.00 late fee may be charged to your statement.

We offer several convenient methods of payment:

- 1. Check Payment:** Please make sure the students name and purpose for the payment is on the FOR line of your check. Returned Check Fee is \$35.00
- 2. Cash Payments:** Please make sure the staff person you give your money too writes you a receipt and signs it. The receipt should also include the students name and the purpose of the payment.
- 3. Credit Card/Debit Card Payments:** May be made by giving your card number, expiration date & name on card to a staff person at class or by contacting me (I run these payments out of our Soddy-Daisy location). Make sure your receipt is clearly marked with your students name and the purpose of the payment. All card numbers are then shredded!
- 4. Auto-Pay:** You can also give us permission to charge your credit card or debit card automatically each month by filling out the permission to charge section on your Financial Obligation sheet in your registration packet (Auto-Pay). This is a convenient way to make your monthly payments and you are ensured of no late fees.

Auto Pay Accounts

Invoices will be e-mailed to addresses on file reflecting your account balance & approximate date of charge before your automatic payment is processed. Please notify me by the date given for processing if there is a problem.