



## APPLICATION FOR ENROLLMENT

**I understand and agree to the following (initial each):**

\_\_\_\_\_ Tuition is based on a 10 month school year fee schedule, and may be paid monthly or in one payment.

\_\_\_\_\_ Tuition payments are due on the 1st of each month, September through June and are considered late after the 5th of each month.

\_\_\_\_\_ Tuition payments and all remaining fees (costume fees, late fees, etc.) must be current in order for student to participate in The Joy of Dance recital.

\_\_\_\_\_ Any student whose account is not paid by the 5th of the month will incur a \$10.00 late fee.

\_\_\_\_\_ If a student needs to withdraw from classes, I am responsible for tuition in full, until a withdrawal notice is completed and turned into the school owner/director.

\_\_\_\_\_ I must pay the recital costume fee in full by January 1st.

\_\_\_\_\_ I must notify the school owner/director in writing, by December 1st, if my child will NOT be participating in the recital.

\_\_\_\_\_ The Joy of Dance reserves the right to cancel any class that does not have a sufficient number of students enrolled to support the class.

\_\_\_\_\_ **I will read the JOD policies and guidelines on the website** and my child and I will adhere to all rules and requirements stated therein (paying careful attention to the *Dress/Hair Guidelines*).

\_\_\_\_\_ By signing below, I hereby release The Joy of Dance of liability for my child or myself of any injury to my child or myself in class, while on the school property, (including the parking lot), or while participating in the school's performance.

\_\_\_\_\_ I understand that in the event of medical intervention is needed, every attempt will be made to contact the person listed on the student's emergency contact form. In the event the next of kin cannot be contacted for the health of my child or I, I hereby authorize the staff of The Joy of Dance to authorize whatever medical treatment might be necessary in an emergency. I understand that I and my medical insurance carrier are financially responsible for any medical treatment extended to my child or myself, and that The Joy of Dance cannot be held accountable or liable for such medical treatment.

\_\_\_\_\_ (*optional*) The Joy of Dance School of the Arts occasionally takes photographs and/or video recordings of students and instructors during practice, rehearsal, and/or recitals. This media is used for marketing purposes – in our newsletters, printed materials, and website. I understand that I and/or my child may be included and I hereby give permission for The Joy of Dance to use images/video of myself and/or my child for such purposes.

**Date and Signature of Parent or Legal Guardian (if responsible for tuition)**

**Date and Student Signature (if over 18)**

**Turn in Registration Form to:** Instructor, Studio Drop Box, or Mail to the Studio Mailing address:

**The Joy of Dance**

19300 NE 112th Ave. Suite 105

Battle Ground, WA 98604