

DANCE FUSION NW 2018/2019 REGISTRATION FORM

Student Name _____

Parent Name(s) _____

Address _____

City/State/Zip _____

Age _____ Birthdate _____ Gender M F

CONTACT INFORMATION

Email#1 (Parent/Guardian) _____

Email#2 (Parent/Guardian) _____

Email#3 (Student) _____

Cell#1 (Parent/Guardian) _____

Cell#2 (Parent/Guardian) _____

Cell#3 (Student) _____

~ FOR OFFICE STAFF ONLY ~

REGISTRATION FEE PAID \$35 SINGLE \$45 FAMILY AMOUNT PAID _____

PERFORMANCE/COMPANY FEE WINTER SPRING AMOUNT PAID _____

THEATER CLUB FEE WINTER SPRING AMOUNT PAID _____

SPECIALTY CLASS FEES COMPETITION SILKS NCB AMOUNT PAID _____

TOTAL TRAINING CLASS HOURS PER WEEK _____

TOTAL SPECIALTY CLASSES/ FEES PER MONTH/SESSION _____

MONTHLY TUITION _____
Apply 5% Family Discount if Applicable

TOTAL PAID AT REGISTRATION _____

CASH CHECK CREDIT CARD

STUDENT WEEKLY CLASS SCHEDULE

DAY OF WEEK (Example: Tuesday)	NAME OF CLASS (Example: Level 2 Jazz)	CLASS TIME (Example: 4:00-5:00)
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1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

SPECIALTY CLASSES

THE FOLLOWING CLASSES/PROGRAMS HAVE ADDITIONAL FEES

- COMPANY & PERFORMANCE GROUPS (See invitation and agreement)
- COMPETITION CLASS (\$95/month)
- FUSION THEATER ARTS (\$15/month paid bi-annually)

AERIAL SILKS & NCB RECIPROCAL CLASSES ARE SEPARATE AND ARE NOT INCLUDED IN WEEKLY/UNLIMITED TRAINING HOURS

SILKS CLASSES - \$260 / 12 WEEK SESSION (\$21.65/CLASS)

SILKS WORKSHOPS - \$25/1 HR • \$35/1.5 HR

NCB RECIPROCAL PROGRAM PRICING FOR DFNW UNLIMITED STUDENTS

\$10 FOR 1 CLASS/MONTH • \$15 FOR 2 CLASSES/MONTH

DANCE FUSION NW INFORMATION & RELEASE FORM

Please read the following form carefully. Initial each line, sign and return with your registration card and registration fee on or before your first class. Thank you!

_____ Tuition is due by the 1st of each month. Payment received after the 5th is subject to a \$15.00 late fee. There will be a \$25.00 charge for all returned checks.

_____ Students are placed in a level based upon their age and/or ability as determined by the school's teaching staff. In the event of missed classes, make-up classes may be taken in another class deemed appropriate by the school's teaching staff.

_____ Refunds will be given to students in the event of a medical condition or extreme circumstance that prevents continuing. All other classes will be used, made up or forfeited per the decision of the individual.

_____ Dance Fusion must be notified in writing regarding any added, dropped or transferred classes on or before the next pay period. (Add / Drop forms are available at the studio.)

_____ Dance Fusion must be notified in writing regarding any existing medical condition (i.e.-asthma, food allergies, diabetes, etc.) that could affect the student during class.

_____ I understand that DFNW does large productions and my student will have a costume fee minimum of \$65/per class.

_____ I understand that the week before productions dancers are on a rigorous rehearsal schedule. Dance Fusion NW will send links with updates and I will refer to the parent portal on the website for all scheduling information as directed. www.dancefusionnw.com

_____ I understand that volunteering is an important part of making the productions go smoothly and safely. I commit to one family member volunteering in an assigned capacity for at least one production. Preferred volunteer area: Backstage Front House

_____ There is a student handbook available on the dancefusionnw.com website in the Parent Portal with all pertinent studio information, policies and procedures. I will review and refer to this for complete studio information.

_____ Maintaining a positive, uplifting environment is a priority at DFNW. If a student's conduct, behavior or attitude is disruptive or disrespectful to the class or instructor, the staff reserves the right to dismiss that student for the remainder of that class. All students will be welcomed back with a willingness to learn and participate.

_____ DFNW may take photos and/or videos during classes, workshops, camps and performances for promotional use only. I authorize and consent to the use of visual images by Dance Fusion NW for website and advertising purposes.

_____ I understand that dance training involves rigorous physical activity that may sometimes result in accident or injury. Every effort is made to ensure the safety of students during classes, rehearsals and performances. I, (PRINT NAME) _____, will assume all responsibility for any medical care that my child may need while participating with Dance Fusion, and the aforementioned is held harmless from liability, cause of action, debts, claims or demands which may arise in connection with the activities provided by Dance Fusion NW.

•I have carefully read the Dance Fusion NW Release Form and agree to all stated terms and conditions:

Dancer Name _____

Parent Name _____

Parent Signature _____ Date _____

AUTHORIZATION FOR DIRECT PAYMENT

Here's how the Direct Payment Plan works!

You authorize regularly scheduled payments to be made. Your payments will be made automatically each session throughout the class season. Proof of payment will appear on your account.

The authority you give to automatically charge your payment information on file will remain in effect until one of the following:

1. You notify us in writing to terminate the authorization
2. The end of the 10-month dance year (June) at which time Dance Fusion Northwest will discontinue automatic payments. Summer programs will be billed separately per your approval and authorization.

Any additional charges (ie: costumes, etc.) will be billed separately per your approval and authorization.

If for whatever reason payments cannot be processed to the payment information on file and your account balance remains overdue, your enrollment in classes will be cancelled.

All you need to do is:

1. Mark the box next to the plan
2. Enter payment information
3. Sign, date and return the completed form to the office
4. Notify the office any time your payment information changes

AUTOMATIC RECURRING PAYMENT PLAN

I authorize Dance Fusion Northwest to initiate electronic payments for the recurring charges due on my Dance Fusion Northwest account. I understand that payments will be automatically made throughout the year at the monthly billing cycle. I understand that the payment amounts may vary if classes are added, dropped or transferred and charges to my account are modified. I understand that any additional charges associated with the Dance Fusion Northwest program will be billed separately and charged only per my authorization. I understand that all personal information will be stored in a safe and secure location.

Payment Information:

Credit Card Type _____

Card Number _____

Expiration Date _____

Account Holder's Name _____

Signature _____ Date _____