



## Jessica Morgan School Of Dance 2012 Spring Registration Form Registration Fee \$25.00

(Registration fee is \$12.50 for each additional family member.)

### Student Information – PLEASE PRINT

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, VA Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone (if applicable) \_\_\_\_\_ Email: \_\_\_\_\_

### Pre-school and School Age Students

**Pre-School/Daycare Information:** Does your child attend pre-school/daycare? Y N School attending \_\_\_\_\_

**Elementary, Middle, High School Information:** School attending 2010/11? \_\_\_\_\_ Grade \_\_\_\_\_

**Do you carpool?** Y N **If yes, with whom?** \_\_\_\_\_

### Parent/Guardian Information (Pre-school and School-Age Students) – PLEASE PRINT

#### Mother/Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Cell \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

#### Father/Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Cell \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

Bills Sent To: (other than parent): Name \_\_\_\_\_ Address \_\_\_\_\_

Street City State Zip

### Sibling Information (Please list all siblings currently attending or enrolling at Jessica Morgan School of Dance)

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

**NOTE: Students interested in Performing Group opportunities must take all 3 styles of dance. Information is available in the office.**

### Experience

What type of dance (or other training) has the student had and where has he/she taken? \_\_\_\_\_

Years of experience? \_\_\_\_\_

How did you hear about our studio?  
\_\_\_\_\_

### Enrollment Agreement

I understand that class/individual photos and videos may be taken of my child/children/self throughout the year. By enrolling my child/children/self, I give my permission for such pictures/videos to be used for ads, printed material or videos. I am also giving permission for my home phone number to be listed on the student class role unless otherwise specified.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL INFORMATION**  
PLEASE PRINT. THANK YOU.

Is student **allergic to any medications**? Y N If YES please list: \_\_\_\_\_

Does the student **take** any kind of **medication** on a regular basis? Y N If YES please list: \_\_\_\_\_

Does the student have any **special needs, illness or injuries** of which the studio should be aware? Y N If YES, please list: \_\_\_\_\_

**Physician's Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_ **Policy #** \_\_\_\_\_

I (parent/guardian) \_\_\_\_\_ of (student) \_\_\_\_\_

do hereby authorize **JESSICA MORGAN'S SCHOOL OF DANCE** or a representative thereof, to seek medical attention if necessary.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

- Medical Release:** I give permission for my child's medical condition to be released to my child's teacher(s).
- Information Release:** I give permission for my child's name, phone number and email to be listed on the class rolls.
- Photo Release:** I give permission for my child's photo to be used in any TV commercial or print out for JMDS.

**Parent (Class) Representative Information**

The studio needs volunteers to help make phone calls periodically and to work with your child's class during the recital and recital rehearsals.

**DUTIES OF THE CLASS REPRESENTATIVE WOULD BE:**

- Call the parents of your child's class with reminders of dates/times of parent open house, snow closings, upcoming events and other pertinent information.

If you wish to become a parent/class representative, please indicate this by checking the box below. The studio will contact you.

**Yes, I would like to serve as a class representative**

**FOR OFFICE USE ONLY**

Class Code	Class	Day	Time	Audit ✓	Teacher	Studio	# Hrs	Price

Payment Information		Sub-Total	Hrs	\$
Full Semester	Installment Payments	Tuition Discount	%	\$
Date _____	Date _____	(Total Family Hours)		
\$ _____	\$ _____	Tuition Due-Full Semester		\$
Cash Rec # _____	Cash Rec # _____	(Less discount) Full Sem Pymt -Skip Next Box		
Check # _____	Check # _____	Installation Handling Fee		\$ 0.00
MC Rec # _____	MC Rec # _____	(Installation Payments-Add this amount to Full Semester)		OR
Visa Rec # _____	Visa Rec# _____			\$ 25.00
Discover Rec # _____	Discover Rec # _____	Total Tuition Due		\$
Initial _____	Initial _____	(Less Discount/Add Handling Fee for Installments)		
		Installation Payment Amount		\$
		(Total Tuition/Handling Fee divided by 4 OR 10)		
		Registration Fee Due		\$
		(Add to total tuition due or installment payment)		
		Total Payment Due (Less Credit)	\$	\$
		(Semester/Installment)		
		Total Paid Today	→	\$