

Dance Expressions Unlimited, Inc.

73 Progress Ave. #1, Tyngsboro, MA 01879

(978) 649-2022

www.DanceExpressionsUnltd.com

DanceExpressionsUnlimited@Comcast.Net



TO REGISTER (CHECKLIST)

_____ Signed Registration Form
 _____ \$30.00 CAP registration fee (\$45/family)
 _____ Tuition (Month)
 _____ **TOTAL**

REGISTER BY FAX, PHONE, OR MAIL
 Fax to 603-434-1353 (all 3 pages necessary)
 Phone 978-649-2022 (have credit card handy)
 Mail, email, phone or deliver to address at left (all 3 pages necessary)

Name _____ DOB/Age _____
 Address _____
 City, Zip _____ Phone _____
 Cell Phone _____ Work Phone _____
 E-mail address (progress notes, etc.) _____
 How did you hear about us? _____
 Father _____ Mother _____
 In Case of Emergency Call (Name, Phone) _____

To Register:
 Mail, deliver, phone, email or fax form AND annual non-refundable registration fee WITH 1st month's tuition (see box above).

AUTHORIZATION AND CONSENT

I have read and understand the policies established by Dance Expressions Unlimited. I understand the financial policies, the miscellaneous notes, and my responsibility as Parent or Guardian or Student. I understand that registration isn't complete unless all three pages are completely filled out and signed. My signature below indicates that I agree to adhere to all policies, procedures, terms and conditions set forth by Dance Expressions Unlimited.

PLEASE BE SURE TO READ AND SIGN THE REVERSE SIDE.

Parent's Signature (and profession - optional: I like to do business with my clients)

Parent/Guardian Signature _____ Date _____

I understand every effort will be made to contact me in the event of an emergency requiring medical attention for my child _____ However, if I cannot be reached, I hereby authorize **Dance Expressions Unlimited/CREATIVE ARTS PROGRAM** to transport my child to the nearest hospital and to secure the necessary medical treatment.

Date _____ Parent/Guardian Signature _____

DEVELOPMENTAL HISTORY

Language spoken _____
 Physical disabilities or limitations _____
 Allergies (including food allergies) _____
 Medications given regularly _____
 Bathroom Habits - Does your child indicate the need to go to the bathroom? _____
 Potty Trained? yes no working on it
 How do you comfort your child? _____
 Child's Demeanor - check those which apply
 shy aggressive friendly
 withdrawn insecure outgoing

FOR OFFICE USE ONLY

Registration Fee _____
 Sep/Date _____ Jan/Date _____ May/Date _____
 Oct/Date _____ Feb/Date _____ Jun/Date _____
 Nov/Date _____ Mar/Date _____ Jul/Date _____
 Dec/Date _____ Apr/Date _____ Aug/Date _____

POLICIES – CREATIVE ARTS PROGRAM

Miscellaneous

- Sick policy: if your child is contagious, has a fever, or would ordinarily be kept home from school, please don't send them to the **Creative Arts Program** until they feel better. Likewise, please keep ill siblings at home or in the car when dropping off and picking up children.
- Please phone the school in the event of any absence.
- Any photographs taken in conjunction with **Creative Arts Program** and corresponding activities may be used for promotional purposes.

Parent/Guardian Responsibility

- Parents and legal guardians of minor students and adult students waive the right to any legal action for any injury resulting from any dance activity, the **Creative Arts Program**, or any other activity affiliated with **Dance Expressions Unlimited** – be it on school property or off-site.
- It is the parent's or legal guardian's responsibility to notify the school of any changes in address, phone number, or credit card information.

Tuition & Finances

- See Payment Terms Page for details.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

I hereby acknowledge that by attending and participating in classes, programs or events sponsored by Dance Expressions Unlimited, there is a possibility of physical illness or injury and I assume the risk by participating. I fully understand that the Activity involves risks of bodily injury, paralysis, disability, illness or death which may be caused by my own actions or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the participant(s) named below; and that there may be other risks either not known to me or not readily foreseeable at this time. I fully assume and accept all such risks and all responsibility for losses, costs and damages I incur as a result of my participation in the Activity.

I hereby waive, release, forever discharge any and all rights and claims for injury, illness or death which may arise now or in the future against Dance Expressions Unlimited, Inc.. I hereby covenant not to sue Dance Expressions Unlimited, Inc., its respective owners, operators, administrators, directors, faculty, staff, assistants, agents, representatives, officers, volunteers, employees, participants, sponsors, advertisers and owners and lessors of premises on which the Activity takes place (each considered "releasees" herein) from all liability, claims, demands, losses or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk, or anyone on my behalf make a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim. I acknowledge that Dance Expressions Unlimited, ., its respective owners, operators, administrators, directors, faculty, staff, assistants, agents, representatives, officers, volunteers, employees, participants, sponsors, advertisers and owners and lessors of premises, shall not be held responsible for treatment, injury or losses due to participation in activities before, during or after classes on the premises or due to any function or activity related to Dance Expressions Unlimited.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Name of Participant _____

PARENTAL CONSENT

And I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I assume full financial responsibility for any injury and hold harmless Dance Expressions Unlimited, Inc., its respective owners, operators, administrators, directors, faculty, staff, assistants, agents, representatives, officers, volunteers, employees, participants, sponsors, advertisers and owners and lessors of premises. I hereby Release, discharge, and covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in party by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as a result of any such claim.

Signature of Parent/Legal Guardian _____

Date _____

Printed Name of Parent/Legal Guardian _____

PAYMENT TERMS – CREATIVE ARTS PROGRAM

Student Name

Phone

Parents' Names

- Tuition payments must be secured by a valid credit card. We accept Master Card, Visa, and Discover.
- **It is strongly suggested that payments are set up for automatic periodic billing** – it is more convenient for both you and the dance studio. This eliminates forgotten payments and allows us to handle accounts receivables in a timely manner which allows more time for class preparation. *If you choose to pay monthly by check and we need to charge your credit card twice due to late payments, we will automatically adjust your account to periodic billing charged to the credit card on file for your convenience and ours.*
- Monthly payment options:
 - **Credit card** - charged to the credit/debit card on the first of the month automatically
 - **Check/cash** - due before the first of the month - during the prior month). Any payments not received by the last day of the prior month will be automatically billed to the charge card on file on the first of the month. (Eg: payment for December should be paid by Nov. 30th – otherwise, payment will be charged to credit card on Dec. 1st).
- There are no credits, adjustments, or refunds due to absences, holidays, or cancellations due to weather. Upon registering, there is a commitment to pay tuition in full. No refunds allowed.
- Returned checks and declined charges will incur a \$25.00 fee.
- Annual non-refundable registration fee - \$30.00/individual or \$45.00/family. Registration fee covers administrative costs.

TO REGISTER FOR THE CAP PROGRAM, COMPLETE THE FOLLOWING:

Please initial one:

- Tuition to be charged to credit card the first of each month.
 Tuition will be submitted by check/cash before the last day of the prior month (tuition is due for the month ahead).

Please initial one:

- Check or cash (must be secured with credit card – see notes below).
 Credit card (payment will be automatically charged to your credit card the **first** of each month).

Complete the following (must be completed):

Credit Card:	Master Card	Visa	Discover
CC #			CCV2 # (last 3 digits on back)
Expiration Date	Name on Card		
Billing Address of Cardholder			
Email Address (for credit card receipts only)			
Authorized Signature	Date		

Notes:

- \$25.00 charge for Not Sufficient Funds (NSF) checks AND/OR for declined credit cards.
- Tuition unpaid on the last day of the prior month (eg: Sept 30th for October tuition) will be automatically charged to credit card on the 1st of each month.
- If you choose to pay monthly by check and we need to charge your credit card twice due to late payments, we will automatically adjust your account to periodic billing charged to the credit card on file for your convenience.

Please initial below:

- I authorize Dance Expressions Unlimited to charge my credit card account the first of each month.
 I understand that my credit card will be billed **ONLY** in the event of an NSF check and/or if payment is not rendered **before** the first of the month. I understand that my account will revert to automatic periodic billing if any payment has been late twice.

Parent/Guardian Signature

Date