

**Dance Expressions Unlimited, Inc.**  
 73 Progress Ave. #1, Tyngsboro, MA 01879  
 (978) 649-2022  
[www.DanceExpressionsUnltd.com](http://www.DanceExpressionsUnltd.com)  
 DanceExpressionsUnlimited@Comcast.Net



<b>TO REGISTER (CHECKLIST)</b>	
_____	Signed Registration Form
_____	\$30.00 registration fee (\$45/family)
_____	Tuition (Month)
_____	<b>TOTAL</b>
<b>REGISTER BY FAX, PHONE, OR MAIL</b>	
Fax to 603-434-1353 (all 3 forms necessary)	
Phone 978-649-2022 (have credit card handy)	
Mail 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, or fax form AND annual non-refundable registration fee WITH 1<sup>st</sup> 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 \_\_\_\_\_ 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

## Tuition

- 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. 30<sup>th</sup> – otherwise, payment will be charged to credit card on Dec. 1<sup>st</sup>).
- 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.

## 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.

## Photographs

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.

## Waiver & Release

*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 do hereby waive, release and 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. I hereby authorize Dance Expressions Unlimited staff members to 1) obtain medical treatment in the event of illness or injury, and 2) notify my emergency contact as soon as possible. I acknowledge that Dance Expressions Unlimited, the owners, operators, faculty, staff, assistants, agents or representatives, and owners of the property @ 73 Progress Ave., Tyngsboro, 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 assume full financial responsibility for any injury and hold harmless Dance Expressions Unlimited, the owners, operators, faculty, staff, assistants, agents or representatives, and owners of the property against any and all claims, demands, losses, suits, liabilities, costs, fees, or any other damages. I acknowledge that it is strongly advised that I provide adequate accident and medical insurance for the person(s) enrolled in classes at Dance Expressions Unlimited. Neither Dance Expressions Unlimited, the owners, operators, faculty, staff, assistants, agents or representatives, and the owners of the property @ 73 Progress Ave., Tyngsboro is liable for loss or damage to personal property.*

Parent/Guardian Signature

Date

## **PAYMENT TERMS – CREATIVE ARTS PROGRAM**

Student Name

Phone

Parents' Names

---

**It is strongly suggested that payments are set up for automatic periodic billing.** Automatic billing 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.

*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 30<sup>th</sup> for October tuition) will be automatically charged to credit card on the 1<sup>st</sup> 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