



# Registration Information

Please complete both sides of this Registration Form and return it to the studio or mail to the mailing address listed at the top. Please call if you have any questions.

## Student Information *(Please Print)*

First/Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ (Male \_\_\_) (Female \_\_\_)

Health/Allergy concerns we should know about? \_\_\_\_\_

## Contact Information *(Please Print)*

Parent 1 (first/last) \_\_\_\_\_ Parent 2 (first/last) \_\_\_\_\_

Parent 1 Home Phone \_\_\_\_\_ Parent 2 Work Phone \_\_\_\_\_

Parent 1 E-Mail Address \_\_\_\_\_ Parent 2 Cell Phone \_\_\_\_\_

Parent 1 Work Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Parent 1 Cell Phone \_\_\_\_\_ Emergency Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## New Students

How did you hear about our studio? If you were referred, please provide the name of the person who referred you.

## Releases

### Photo Release

I accept that the studio often takes pictures and videos of the students in class and in performance and that these pictures may be used in studio displays and social media promotional materials. If I do not want pictures taken, I will obtain and retain a copy of the Studio's "No Photo Form" that must be signed by both a parent (and/or Guardian) and the Studio Director.

### Video/AudioTaping Release

In our building there are four dance studios. Each of our studios has a video/audio camera that records our classes. I accept that the tapes made are used by our staff for training and educational purposes and may be given to students to learn prior week's material. I accept that when entering any of our studios that any actions and conversations might be recorded by these cameras.

### Medical Release

I the Parent/Guardian of the student registrant agree that the registrant and I will abide by the rules of the Paul Klocke Studio of Dance ("PKSD"), and any of its affiliated organizations. I consent to the registrant's participation in the PKSD physical programs and activities ("PROGRAMS"). Recognizing the possibility of physical injury associated with the PROGRAMS, and in consideration for the PKSD accepting the registrant for its PROGRAMS, I hereby release, discharge, indemnify, and hold harmless the PKSD, its affiliated organizations, and their employees, teachers, and associated personnel from and against any and all claims by or on behalf of the registrant as a result of the registrant's participation in the PROGRAMS. In my absence, I also request PKSD, through its staff, to obtain emergency medical care in the event that such care is necessary or appropriate in the opinion of the staff for the benefit of my child due to accident or illness. I promise to pay any treatment costs directly to the hospital, physician, or laboratory providing such care upon presentation of the bill to me.

**By signing this Registration Form I accept the three "Releases" stated above and agree to abide by the rules of the Paul Klocke Dance Studio.**

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

# Registered Classes

Year \_\_\_\_\_

**Please list classes:** (see [www.paulklockedance.com](http://www.paulklockedance.com) for Schedule and Rates) – Use another piece of paper if you need more room.

Rising Star, Child 1, Child 2, and Jazz 2 students, please give an alternate class if possible in the event your first choice is not available.

## Classes

Student Name	Class Name/Day/Time	Alternate Name/Day/Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## To Enroll

- Registration Fee (\$30 per family) and first payment must be received to hold your place in class. To determine your tuition rate, add up the number of hours of classes your family is taking each week, and then refer to the tuition rate chart for your monthly rate.

## Payment Options (place "x" next to Option 1 or 2)

- **Option 1:** Place a Credit Card (or Bank EFT) on file with us. Your first month and registration is paid to us directly at the time of registering. Subsequent monthly tuition fees will be withdrawn on the 15<sup>th</sup> of the month. A bill will be sent on the 1<sup>st</sup> of each month informing you of the tuition due. If you prefer, you may pay the studio by cash or check before the 15<sup>th</sup> of the month and no automatic charges will take place.
- **Option 2:** Families who do not wish to place a credit card (or bank EFT) on file with us, will pay the first two months of tuition (and registration fee) upon registering and then monthly tuition for each subsequent month (thereby being one month ahead.)
- **Note:** There is a \$25 fee for failed bank transfers and returned checks. There is a \$25 fee for any unpaid balances after second notices.

## Future Recital information

- Costume fees are approximately \$55-\$85 per costume, and will be divided into four payments due on the 15<sup>th</sup> of October, November, December, and January.
- The Recital Fee is \$75 per Family (includes 4 Recital tickets) and will be divided into two payments due on the 15<sup>th</sup> of February and March.
- Additional Recital Tickets are \$15 per ticket.

**Registration and first Monthly payment must be received to hold your place in class.**

## Amount

Amount Billed: Registration Fee \_\_\_\_\_ Tuition \_\_\_\_\_ Other \_\_\_\_\_ Total \_\_\_\_\_

Amount Paid: Registration Fee \_\_\_\_\_ Tuition \_\_\_\_\_ Other \_\_\_\_\_ Total \_\_\_\_\_

**Mastercard, Visa - Accepted**

**Make Checks Payable to:**  
**Paul Klocke Dance**

For Office Use			Fox		
Check #	Cash	CC	Entered	Billing	Payment



## Automatic Payment Authorization Form

Parent/Guardian Name: \_\_\_\_\_ Date \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Print Names of Children taking classes: \_\_\_\_\_

- Please look on our class schedule and confirm the number of hours your family is taking per week, then look at our monthly tuition rate sheet and confirm the amount that we should be deducting each week. Contact the studio for assistance, if needed.
- Monthly tuition payments may vary if a student increases or decreases the number of classes they are taking. If class changes have been made and the amount deducted from your account is incorrect, notify the studio immediately.
- Monthly tuition will be auto withdrawn on the 15th of each month during the months of October thru May. You will pay the first month of September directly to the studio.
- You will be notified by email one week in advanced of our intention to withdraw an amount from your account.
- We will include all Tuition, Costume Fees, Recital Fees, and other fees through our auto pay system.
- In the event that I change my checking or credit card service to a different bank or different account, I will notify the Paul Klocke Studio of Dance in writing at least 5 days prior to the date of my next scheduled automatic payment.
- If I need to cancel my Auto Payments, I will give written notice to the Paul Klocke Studio of Dance 15 days before stopping the automatic draft payment.
- I understand that an automatic bank draft from a checking account carries all the responsibilities of a check and I agree to maintain funds available in the designated checking account to cover these drafts as they occur. All bank drafts or checks returned to our bank as NSF (Non-Sufficient-Funds), Account Closed, or for any other reason, will be charged a \$25.00 returned check fee. All failed credit card transactions will be charged a \$25 processing fee after 2<sup>nd</sup> notices.

### Fill out the below information if you would like to use a Credit Card to pay your tuition:

Print the name on the card \_\_\_\_\_ MC \_\_\_ Visa \_\_\_ Discover \_\_\_

Account Number \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_ 3 Digit Code \_\_\_\_\_

### Name on Credit Card & Credit Card Billing Address (if different than above):

Name \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### If you would like to have your tuition deducted from a Checking Account:

**Attach a voided check to this document for authorization.**

**(Note: Do not use a deposit slip)**

Authorization Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**I hereby authorize drafts from my Checking Account or Credit Card as specified above.**