



Studio Two70, LLC

DATE \_\_\_\_\_

Minor Registration Form

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

\*E-mail: \_\_\_\_\_ \*Home Phone Number: \_\_\_\_\_

**ALL PERSONS AUTHORIZED TO PICK UP CHILD**

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_

**CLASS PARTICIPATION**

Class Name Day Time

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

**POLICIES:**

Students 5 years old and under must have an adult present during their class time. No tap, ballet or dance shoes will be worn outside of the studio. Students must wear approved dress attire. Hair must be worn up and out of the eyes. If a student's tuition is not paid before the first class of the month they will not be allowed to participate in class. Late payment will be accepted once, continued late payments will result in expulsion from Studio Two70's dance program.

**PAYMENT INFORMATION:**

Payment must be made in full before the first class of each month. Cash, Check, Debit or Credit Cards will be accepted.

Yearly Registration Fees:

First & Second Student (Siblings): \$35 each

Third Family Member etc. (siblings): \$0

Family Maximum Registration Fees: \$70

I understand that one make-up class is permitted for each class my child misses. Make-up classes must be taken within 30 days of the missed class(es). If Studio Two70 cancels a class credit will be added to my child's account to be credited toward the following month's tuition if a makeup class cannot be scheduled. I understand that Studio Two70 requires a deposit for all Dance Costumes and failure to make the deposit on or before the date indicated will result in expulsion from Studio Two70 Dance program. I also understand that all fees paid are nonrefundable and nontransferable. The undersigned person(s) is responsible for payment:

**PERSON RESPONSIBLE FOR PAYMENT:**

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_

*In the event that your child is not picked up within 10 minutes of class ending we will contact emergency contacts to pick-up your child. After 20 minutes have passed the Studio Staff will transport your child to the Police Department. (This is something we do not expect to happen, and will use common sense in these situations before resorting to transport to the Police Department)*

By Signing here you acknowledge to the statement above: \_\_\_\_\_

**EMERGENCY INFORMATION**

Allergies: \_\_\_\_\_

Other Comments: \_\_\_\_\_

**EMERGENCY CONTACTS:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_