

Dance Time
7854 Transit Rd
Williamsville, NY, 14221
716-563-2446

Fall Registration Form 2009-2010
New Student _____ Returning Student _____

Student's Full Name _____

Parent's Names _____

Home Address _____

City _____ **State** NY **Zip** _____

Home Phone _____ **Alt. Phone** _____

Date Of Birth _____ **Age as of Sept. 2009** _____

Email Address _____

Any Medical Conditions? _____

Any Allergies or Dietary Restrictions? _____

Emergency Contact (other than parent, if parent cannot be reached)Name: _____
Telephone Number(s) _____
Relationship _____

Classes Registering For:

Creative Movement (ages 2-3)Saturday _____
Creative Movement (ages 2-3) Weekday _____
Preschool Combo (ages 3-4)Saturday _____
Preschool Combo (ages 3-4) Weekday _____
Advanced Combo Tap/Jazz (ages 5-6)(Saturday) _____
Advanced Combo Ballet/Jazz(ages 5-6)(Weekday) _____
Boys Combo (ages 2.5-4) _____
Tap(ages 6&up) _____
Jazz(ages 6&up) _____
Ballet(ages 6&up) _____
Acrobatics(ages 5&up) _____
Hip Hop(ages 7&up) _____
Lyrical(ages 8&up*must also take ballet) _____

Interested in Competition Classes?Yes ___ No ___ Maybe ___
(must meet certain dance and age requirements)

We will do our very best to comprise a class schedule as soon as possible based on the demand for classes. If your child has religion classes, please indicate what day/time they must attend religion and we will do our best to work around that. If there is more than one possible day for religion, please indicate.

If new student, please describe any previous dance training:

How did you hear about us? If you were referred by a current student, please list their name:

Financial Obligation:

By signing below, I agree that I am financially responsible for this account. I agree to make all tuition, costume, and recital payments on a timely basis. I understand that registration, costume, and recital fees are not refundable. If any of my payments are not received by the 15th of the month, I will be assessed a \$15.00 late fee. I also understand that if any of my checks are returned by the bank, I am responsible to remit the amount of the check, in cash, plus a \$20.00 service charge to the studio immediately.

We want all of our students and their parents to understand that participation in dance/acrobatics is a potentially riskful activity. Your child's safety is always our # 1 priority, and the staff is always monitoring everything they do with their safety in mind. However, in such activities injuries, sometimes minor or serious in nature are always possible no matter how careful any of us may be.
Dance Time, its teachers and other staff members, will not be held responsible for injuries sustained by any student during the course of dance/acrobatic classes, competitions, performances, or any other studio related function. With the above in mind, and being aware of the potential risks involved, I consent to have my child participate in the programs offered by Dance Time. I, my executors, or other representatives, hold Dance Time harmless, waive and release all rights and claims for damages that I or my child may have against Dance Time or its representatives whether paid or volunteer.

I have read or will read all of the information in the 2009-2010 parent brochure and will abide by its policies.

Parent/Guardian Signature _____

Please Print Name _____

Date _____

Payment Method: Please Check One

_____ Full season tuition, discounted 10% if paid by July 30, 2009, OR discounted 7% if paid by October 7, 2009.

_____ Quarterly tuition, 4 equal payments

_____ Monthly tuition, credit card AUTO-PAY system (must fill out authorization form)

_____ Monthly tuition, cash, check, or Visa/MC online

Return completed registration form along with registration fee & first month tuition.

Registration Fee:

\$10.00 per student

Maximum \$25.00 per family

Registration is on a first-come, first served basis.

Mail completed form to:

Jamie Kiefer

159 South Irwinwood Rd

Lancaster, NY, 14086