



**Registration:** The following must be completed before a student can participate in class.

1. Completed registration **and** waiver forms.
2. A non-refundable registration fee of \$25.00 per family.
3. First months Tuition.

**Tuition Policies**

- Discounts: Families of 1 or more taking class will receive 10% off each additional child's monthly tuition.
- Outstanding Balances: Students whose account balances are delinquent will not be able to attend dance classes.
- Tuition is due on the 1st of every month; regardless of Holidays, Vacations, Absences, Studio Closures and/or Illness.
- Tuition is late on the 5th of every month. Tuition received on the 5th or later will incur a \$10.00 late fee.
- Tuition will not be pro-rated due to Holidays, Vacations, Absences, Studio Closures and/or Illness.
- You may not "skip" a month or late fees will be incurred
- Statements are only emailed/mailed if your account is delinquent.
- Tuition is non-refundable and not transferable.
- Make-up classes are available only if the child is ill or if there's a family emergency.
- If you choose to withdrawal from the studio a 30 day written notice must be received or you are responsible for that tuition.
- Checks, Visa, Mastercard American Express, Discover and Cash accepted. Checks payable to Daliana Dance.
- \$25.00 fee on all returned check

**Tuition Rates for Dance Classes:**

NUMBER OF CLASSES	Monthly Cost
One Class	\$40
Two Classes	\$55
Three Classes	\$65
Four Classes	\$70
Unlimited*	\$85

Ask about special discounts for persons 65 years of age and older.

**Other Dance Class Rate options for ADULT classes ONLY:**

Drop In: \$12 per class

Class Card\* \$100 for 10 classes \$10 per class (expires 3 months from issue date)

**\* may only attend age and technique appropriate level classes, and does NOT include special events and workshops**

Mommy and Me (Ages 0-3) \$130 per twelve week session.

**Zumba Classes**

Drop In: \$5 per Class

Class Card: \$40 for 10 class punch card

**\*class cards are for individuals and can not be shared and are NOT transferrable**

Date of enrollment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Method of payment for enrollment: cash \_\_\_\_ check \_\_\_\_ credit card \_\_\_\_ gift certificate \_\_\_\_

Amount Received: \_\_\_\_\_ Received by \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Please deduct my tuition on the 1<sup>st</sup> of every month: \_\_\_\_\_ Amount: \_\_\_\_\_

Print Name of Authorized Card Holder \_\_\_\_\_

Signature of Authorized Card Holder \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Under age 18) Parent or legal guardian name \_\_\_\_\_

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

Cell Phone [\_\_\_\_\_] \_\_\_\_\_ Other Phone [\_\_\_\_\_] \_\_\_\_\_ Accept texts? \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship to student \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Ailments or Restrictions/Allergies/Medications/Special instruction/info:

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*(Please fill out this section if you are a new student)*

How did you hear about us?

Has the student had any previous dance training? Yes No

Name(s) of current or previous dance school(s) \_\_\_\_\_

**Release of Liability**

As the legal parent or guardian or participant, I release and hold harmless Daliana Dance, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Daliana Dance, its owner and operators or in route to or from any of said premises. You also understand that you are financially responsible for any and all related medical expenses that are a result from injury as a participant.

**Medical Emergency (Only if under 18)**

The undersigned gives permission to Daliana Dance, its owner and operators to seek medical treatment for the participant in the event they are not able to reach a parent, guardian or emergency contact you provide. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health.

**Payment and Tuition Information**

I hereby agree not to hold Daliana Dance, its director, and staff responsible for any damages or liabilities due to theft, accident, or injury during or resulting from my or my child's participation in any capacity of or relating to any function or activity of the said Daliana Dance. Payments for monthly classes and private lessons are due upon the fifteenth of the month. There will be a 5 day grace period. Thereafter, a \$10.00 late fee per month, will be applied to outstanding accounts. I hereby assume all financial responsibility for above student(s) enrolled at Daliana Dance. I further understand that I will be charged for all classes until I have given 30 days' notice to the school making them aware of my or my child's withdrawal from classes. In the event it becomes necessary to refer this account for collection, you (as the parent/guardian or student) will be reliable for all collection fees, including attorney fees, interest, etc. There is a \$25.00 returned check charge for any checks returned by the bank. We do not prorate months for missed days, holidays or school vacations. Please review our studio policies.

**Daliana Dance is proud to share the special moments of dance, friendship and learning with local publications and web sites. We would love for you and or your child to be included! We do however need permission, so please sign waiver below if you wish to participate:**

**Audio/Video/Photo Waiver/Release Form**

I hereby grant irreversibly Daliana Dance the right to use and reproduce any and all photographs, video clips, and/or audio clips taken of me or my child in any form whatsoever for use by Daliana Dance in newsletters, brochures, web sites, flyers, and in any other publications produced for the aforesaid school. My child or I can have their picture taken, but at times may not have his/her name printed along with photo. I waive the right to inspect or approve the finished version(s) of such images including written copy that may be created in connection therewith.

Consent is also granted for any use of my (or my child's) name in any part of those publications listed above.

I have read this document and am fully aware of the consent and implications, legal, and otherwise.

Name(s): Please Print Participant name or name of parent/guardian if under 18 years

\_\_\_\_\_  
This is to certify that I, as parent/guardian with legal responsibility for this participant or participant myself, do consent and agree to his/her/my release as provided above of all the Releases & Permissions.

\_\_\_\_\_  
Signature of Parent or Guardian if under 18 or Participant Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Month) (Date) (Year)