

# Stepping Stone Dance Studio 2017-2018

## Registration Form

925 Canal St. Floor 3N, Bristol PA 19007

Registration Fee - \$25.00 per **FAMILY** (non-refundable)

Tuition Rates: (Monthly fees based on 10 month Payment Plan)

Classes/wk	Monthly	Semi-Annual (Sept-Jan)(Feb-June) (includes a 4% discount)	Annual Plan (includes a 10% discount)
1	\$ 45.00	2 payments of \$216.00 save \$18.00	1 payment of \$405.00 save \$45.00
2	\$ 75.00	2 payments of \$360.00 save \$30.00	1 payment of \$675.00 save \$75.00
3	\$100.00	2 payments of \$480.00 save \$40.00	1 payment of \$900.00 save \$100.00
4	\$125.00	2 payments of \$600.00 save \$50.00	1 payment of \$1125.00 save \$125.00
5 –(Unlimited Classes)	\$150.00	2 payments of \$720.00 save \$60.00	1 payment of \$1350.00 save \$150.00

Single Class Rate: \$15.00

Private Lesson \$20.00-1/2 hr.

Vocal Private Lessons - \$20.00 – ½ hr. Must take 5 sessions.

**Tuition Information:**

There are 10 tuition payments for the year/your yearly amount divided by 10. (Sept.-June) This is to allow the same amount to be paid each month regardless of sessions attended.

Tuition paid semi-annual – save 4% Tuition paid in full for the year – save 10%

**Due at Registration: (NON-REFUNDABLE) !!!!** Family Registration fee- \$25 per **FAMILY**

**Late Fee:**

A \$15 late fee will be added to tuition payments made after the 15th of the month. Failure to make payment will result in non-participation; until balance has been paid.

**Return Check Charge:**

\$20 charge on all returned checks – no exceptions!

Tuition is due on the **FIRST CLASS** of every month.

**SSDS ACCEPTS CASH, CHECK, PAYPAL, AND CREDIT CARD (3% processing fee on all CC transactions)**

Please make your check payable to: **Stepping Stone Dance Studio or SSDS**

**September tuition is due upon entering first class in September.**

If you do not attend class you are still responsible for payment (regardless of illness, vacation, conflict, etc.) Payment is not waived, refunded or carried over for the class missed.

**Recital Fee - \$25.00**

for each performer in recital payment due by March 31<sup>st</sup>, 2018.

This fee is to minimize door-to-door fund raising projects for our extra costs.

**Recital Costumes** – (All classes require a costume except for Dance Team) – must attend 50% of classes to perform in recital. Role will be taken at the beginning of each class. Dance Team uniform will be discussed at practice. Cost of costumes will be divided into two payments for your convenience.

Payment Information	Predance & Primary Classes \$70.00	Level I-3 Beg-Adv. \$80.00
Payment 1 – 50% Due by Oct. 31st	\$35.00	\$40.00
Payment 2 – 50% Due by Dec. 15th	\$35.00	\$40.00

**Parent Signature** acknowledging the above information has been read: \_\_\_\_\_

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Please print the following information clearly. All information should be accurate and complete.

Students Name: \_\_\_\_\_

Home Phone#: \_\_\_\_\_

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

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

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

Students Birthdate: \_\_\_\_\_ Age by Dec 31st. \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Cell# \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Cell# \_\_\_\_\_

Emergency Contact (other than parent) : \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Phone#: \_\_\_\_\_

**MUST PROVIDE MEDICAL INSURANCE INFORMATION – CHILD CANNOT PARTICIPATE WITHOUT MEDICAL COVERAGE & INFO...**

Doctor's Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Medical Policy #: \_\_\_\_\_ Membership # \_\_\_\_\_

Student Medical History: (Please Circle YES/NO)

1.	Are there any injuries requiring medical attention?	YES	NO
2.	Are there any past surgeries or scheduled surgeries?	YES	NO
3.	Is the student currently under the care of a medical practitioner?	YES	NO
4.	Is the student currently taking any medications?	YES	NO
5.	Does the student have any allergies?	YES	NO
6.	Does the student have asthma/requires the use of an inhaler?	YES	NO
7.	Is the student diabetic/require medication for diabetes?	YES	NO
8.	Does/has the student have/had seizures?	YES	NO
9.	Does the student wear glasses or contact lenses?	YES	NO
10.	Does the student wear a brace or other medical support device?	YES	NO
11.	Does the student have any other physical limitations or medical conditions?	YES	NO
12.	Is the student allergic to hand sanitizer?	YES	NO

If you answered yes to any of the above questions, please provide the question number and an explanation in the following space:

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## Parent's Medical treatment Permission & Physical Insurance Responsibility

I certify that \_\_\_\_\_ is physically capable and able to fulfill requirements needed to be a dancer, I hereby certify that this information is accurate to the best of my knowledge. I understand that this form legally releases all obligations and responsibilities for the medical treatment of my child in the event of illness or injury during any dance related activity when either parent cannot be reached. If there is any physical or medical reason why he/she should not participate fully, the Stepping Stone Dance Studio requires a written Doctor's release for inability to participate in dance activities and again when released from the doctor care, and is able to participate without restrictions. Furthermore, the studio is not liable for any injury incurred during these events. In the event of an emergency occurring while my child is at the SSDS class, performance, or event; I grant my permission to the studio staff to take whatever action necessary. In the event I cannot be reached, I hereby authorize the studio staff to give consent for my child \_\_\_\_\_ to receive medical treatment.

**Parent Signature** acknowledging the above information has been read: \_\_\_\_\_