



Kinetics Dance Theatre
School of Contemporary Dance
Session Registration Form 2016-2017

RESPONSIBLE PARTY INFORMATION

Parent/Guardian #1: _____ Parent/Guardian #2: _____
 Home Phone: _____ Home Phone: _____
 Cell Phone: _____ Cell Phone: _____
 Email Address: _____ Email Address: _____
 Occupation(s): _____
 Billing Address: _____ City: _____ Zip: _____
 Emergency Contact: _____ Emergency Phone: _____

STUDENT #1 INFORMATION *(if under 18)*

Student Name:	DOB:	Age:	Grade:
Medical Conditions/Allergies:			

STUDENT #2 INFORMATION *(if under 18)*

Student Name:	DOB:	Age:	Grade:
Medical Conditions/Allergies:			

STUDENT #3 INFORMATION *(if under 18)*

Student Name:	DOB:	Age:	Grade:
Medical Conditions/Allergies:			

TUITION AGREEMENT

I will take financial responsibility for my/my child's tuition payment to Kinetics Dance Theatre. I understand that tuition is due upon registration. I agree to notify the front desk in writing at least two weeks prior to withdrawing from a class. Initial: _____

WAIVER

I, _____, exempt and release Kinetics Dance Theatre, Inc., its Board, Staff, and Independent Contractors from any and all liability, claims, demands, actions or causes of action whatsoever arising out of any loss or injury to the Student or the Student's property while upon the premises of Kinetics Dance Theatre, Inc., or while engaged in travel to or from Kinetics Dance Theatre, or while engaged in any Kinetics Dance Theatre, Inc. events on off-site premises.

STUDENT/PARENT CONSENT AND RESPONSIBILITIES

- Kinetics Dance Theatre will not be responsible for administering medications to the students.
- My child has/I give permission to be photographed, interviewed or videotaped while attending Kinetics Dance Theatre for possible use in marketing.
 Yes _____ No _____
- (if student is under 18) I approve of my child's enrollment in Kinetics dance classes and understand that they must follow appropriate student behavior in order to participate. I understand that appropriate dress is required for all dance classes including footwear and all hair must be pulled back away from the face. I also understand that Kinetics Dance Theatre is not responsible for any personal belongings left in the studio.
- I certify that the above information is true and correct to the best of my knowledge. I understand that it is my responsibility to notify Kinetics of any changes in the information in this registration.

Signature (parent/guardian if under 18): _____ Date: _____



**Kinetics Dance Theatre
School of Contemporary Dance
Session Enrollment Form
2016-2017**

For any class highlighted in blue

Session Dates:

Fall 1: 7-week session Sept 6, 2016 thru Oct 24, 2016
 Fall 2: 7-week session Oct. 25, 2016 thru Dec. 17, 2016
 Winter: 9-week session Jan 2, 2017 thru March 4th, 2017
 Spring: 9-week session March 13, 2017 thru May 20, 2017
 Summer: 11-week session June 5, 2017 thru August 19, 2017

Tuition Rates		
Session	0.75 - 1hr class	1.25 hr class
Fall 1	\$84	\$91
Fall 2	\$84	\$91
*Fall 1 & 2	\$160	\$173
Winter	\$108	\$117
Spring	\$108	\$117
*Winter & Spring	\$205	\$222
Summer	\$120	\$130

Observed Holidays

Labor Day: Monday, Sept 6, 2016
 Thanksgiving Break: Tuesday, Nov 22, 2016 through Sunday, Nov 27, 2016
 Spring Break: week of April 10, 2017

***Discount:** Register for 2 sessions and receive a 5% discount

0.75 = 45 minutes

Time	Class Name	Length	Session	Tuition Rate (See Above)
Total Tuition				

For Staff Use Only			
Form of Payment Received	Ck #	Initial	Entered Into DW & CC

