



Kinetics Dance Theatre
School of Contemporary Dance
Session Registration Form 2017-2018

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



Kinetics Dance Theatre
School of Contemporary Dance
Session Enrollment Form
2017-2018
For any class highlighted in blue

Session Dates:

Fall 1:	7-week session	Sept. 11, 2017 thru Oct. 28, 2017
Fall 2:	6-week session	Oct. 30, 2017 thru Dec. 16th, 2017
Winter:	8-week session	Jan. 2nd, 2018 thru Feb. 26th, 2018
Spring:	10-week session	Mar. 12, 2018 thru May 26, 2018
Summer:	11-week session	Jun. 11, 2018 thru Aug. 26th, 2018

Tuition Rates		
Session	0.75 - 1hr class	1.25 hr class
Fall 1	\$84	\$91
Fall 2	\$72	\$78
*Fall 1 & 2	\$148	\$161
Winter	\$108	\$117
Spring	\$108	\$117
*Winter & Spring	\$205	\$222
Summer	\$120	\$130

Observed Holidays

Thanksgiving Break: Monday, November 20th thru Sunday, November 26th

Spring Break: Friday, March 30th thru Sunday, April 8th

***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