DANCE TIME! REGISTRATION 2022-23

Student Information: (List all children who plan to attend classes…More than 3 kids? Let me know!)

1. Name: _____ Age: _____

Birthdate: _____ Class choice : _____

2. Name: _____ Age: _____

Birthdate: _____ Class choice :_____

Parent Information: **YOU MUST FILL IN BOLD AREAS! It is your responsibility to inform me of changes.**

Name: _____ **Texting?** Yes No

Email Address: _____

Preferred contact Phone # _____

Emergency Contact: Name _____ **Phone #** _____

Relationship to child: _____

Registration fee of $20.00 (per child) AND first month's tuition ($50 per child))
due upon registration for the total of $70.

Please read carefully and be aware that in signing up and participating in the above program, you will be waiving and releasing all claims for injuries arising out of this program that you or the above participant might sustain:

**I have read the Dance Time! Policies and Procedures information sheet and agree to its rules and regulations.

I, also, do hereby fully release and discharge Dance Time!, its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I (or dependents under 18 years of age) may have or which my accrue to me (or dependents) on account of my (their) participation in the above Dance Time! sponsored activities.

I further agree to indemnify and hold harmless and defend Dance Time!, its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, and losses sustained by me (or dependents under 18 years of age) and arising out of, connected with, or in any way associated with these activities sponsored by Dance Time!

***Dance Time will from time to time post pictures on their website. If you **DO NOT** want your child's pictures posted it is your responsibility to speak with me! Otherwise your signature gives permission to use said pictures.*

Signature (parent's signature if participant(s) is/are under 18) **X**_____

COMPLETED REGISTRATIONS AND FEES can be dropped off at the Columbia Physical
Therapy front desk or MAIL to: Becky Jones, 2354 W. Covey Rd. Othello, WA 99344

REGISTRATIONS DUE BY 09/10/22
Classes start Wednesday 9/14/22
PLEASE READ & FILL OUT THE BACK TOO!

Dance Time Checklist of Understanding:

1. *I understand that my dancer will be attending classes 1x per week at a scheduled time, and that classes run from September 2022 to May 2023.*

2. *I understand that it is my responsibility to update phone numbers, email addresses or other contact information if I want to know studio updates and get reminders.*

3. *I understand if there is no school due to a holiday or inclement weather, there will be no dance class unless notified differently.*

4. *I understand that the monthly tuition is due by the __10th of each month__, __or a late fee of $10 will be added on if paid after the 10th.__*

5. *I understand that I will be responsible for purchasing 1 dance costume per child enrolled this year. The cost will be added to my tuition fees; 1/2 of the costume cost will be paid in October and 1/2 in November. Enrolled in more than 1 dance class? Come talk to me!*

6. *I understand that my account must be paid up and current for my dancer to participate in the Spring Recital.*

COVID/SICKNESS UNDERSTANDINGS:

1. *If my dancer, or anyone in my family is sick, has a fever or have other main symptoms of being ill, I WILL NOT bring my child to dance. PLEASE!*

2. *To limit number of people in dance studio/area, I understand that I should plan on dropping off my dancer and NOT staying to watch. (NO EXCEPTIONS for ages 5+.)*

    __ONLY EXCEPTION__: IF NEEDED the 3/4 year old Tiny tot class may have 1 responsible adult or guardian masked at all times, stay to watch. No siblings or other adults.

3. *I am aware that Mrs. Becky and other instructors will probably not wear a mask.*

4. *I understand that my dancer(s) can choose to wear a face mask during class, as it is parent choice.*

I, _____ understand these policies, and will comply with them.
   (Printed name)

Signature: _____ Date: _____