



Annual Reg. Fee \$30

**2017/2018 Registration Form**

Late Fee \$30

Students Name:		
Date of Birth:	Age:	Grade:
Address:		
City:	State:	Zip:
Parent/Legal Guardian:		Primary Phone:
Email:		
Emergency Contact:		Relation:
Emergency Phone Number:		

Medical Condition(s): Yes\* or No: \_\_\_\_\_

\*If Yes, please give details and/or attach medical information.

**Cost Per Trimester-(Dates: First 9/11 - 11/27, Second 12/4 - 2/19, Third 2/26 - 5/19)**  
**30 min. class/trimester \$108, 45 min. class/trimester \$210, 1 hr class/trimester \$215**  
**1.5 hr class/trimester \$315, 2 hr class/trimester \$430**  
**Each Additional 30 minutes at the studio \$5.00**  
**Costume fee per class \$80 Child/\$90 Adult**

**\*\*Payment in full with registration form due before start of classes & 20 days prior to 2nd and 3rd Trimester\*\***

**\*\*\*Checks payable to Miss Heejin's Dance Studio\*\*\* Visa MasterCard Cash or Check**

Please Fill: Class                      Day/Time      1st Trimester      Costume      2nd Trimester      3rd Trimester  
due 11/14      due 11/14                      due 2/6

<b>Total:</b>					

**INFORMED CONSENT AGREEMENT/RELEASE**  
 I, the undersigned, allow my child to participate in the exercise and recreational, instructional program(s), dance lesson(s), recital(s) and other activity(ies) offered by Miss Heejin's Dance Studio. In consideration of my child's participation in the programs offered by Miss Heejin's Dance Studio, I hereby fully and forever release, acquit, hold harmless, and indemnify Miss Heejin's Dance Studio, its owner, Heejin Thelen, her employees, agents, instructors, officers, successors and assigns from any and all claims, actions, causes of action, liability(ies), damages, injuries, losses and attorneys fees, arising from my child's participation in any program(s) or activity(ies) offered by Miss Heejin's Dance Studio. I give "Miss Heejin's Dance Studio" permission to allow pictures of my child to appear on "Miss Heejin's Dance Studio" web-site and other promotional material. I have read this agreement/release and I understand all of its terms. I execute it voluntarily and with full knowledge of its significance. I agree to read and abide by the MHDS handbook.

Parent: \_\_\_\_\_  
Print

\_\_\_\_\_ Date

\_\_\_\_\_  
 Sign