

Dreams in Motion Dance Company

850 N. Main St. Porterville CA 93257
559-310-7288

2019-2020 Registration One Form Per Student



Student's Full Name: _____ Date: _____

Student's Age as of 9/1/2019: _____ Birthdate: _____ Grade in School '19/'20: _____

Address: _____

Mother's Name: _____ Contact #: _____

Father's Name: _____ Contact #: _____

Guardian (if applicable): _____ Contact #: _____

Mother/Guardian Email: _____

Father Email: _____

Years of Dance(all studios): _____ Sibling(s) also registering _____

T-Shirt Size: CXS CSM CME CLA CXL ASM AME ALA AXL Pant Size: CXS CSM CME CLA CXL ASM AME ALA AXL

PLEASE CHECK EACH CLASS FOR YOUR DANCER

Students may be placed in a higher level if the instructor feels they are better suited.

_____ Tiny Tots (18 mo-2yrs) AM: _____ PM: _____ Preschool (3yrs-4yrs) AM: _____ PM: _____

_____ Kinder Combo (5yrs) *Ballet & Tap* _____ Kinder Combo (5yrs) *Jazz & Hip Hop*

_____ Combo 1 (6yrs-7yrs) *Ballet & Tap* _____ Combo 1 (6yrs-7yrs) *Jazz & Hip Hop*

<i>Ballet</i>	Basic _____	Novice _____	Intermediate _____	Advanced(Pointe) _____
<i>Tap</i>	Basic _____	Novice _____	Intermediate _____	Advanced _____
<i>Jazz</i>	Basic _____	Novice _____	Intermediate _____	Advanced _____
<i>Hip Hop</i>	Basic _____	Novice _____	Intermediate _____	Advanced _____
<i>Lyrical/Modern</i>	Basic _____	Novice _____	Intermediate _____	Advanced _____
<i>Acro</i>	Basic _____	Novice _____	Intermediate _____	Advanced _____

*Pre Pointe _____

*Ballet Tech _____ (additional \$30/month)

*Company _____ (Additional \$30/month and 2 costumes)

Number of Classes: _____

Number of "additional" Classes: _____

All in Monthly Fee: _____

Registration Fee (\$25 for first dancer, \$20 each additional dancer): _____

Performance Fee(including digital file of recital) : \$65.00

Monthly _____ Bi-Annual _____ Annual _____
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\$30 EACH ADDITIONAL CLASS

Sibling Discout Additional \$5 off for second child Additional \$10 off for all other children in same family
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Payments made biannually receive 10% off <u>payment due September 1st and January 1st or discount is void</u> Year paid in full receive 15% off <u>Payment due September 1st or discount is void</u>
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IF MULTIPLE MEMBERS FROM THE SAME FAMILY ARE ENROLLED, AND INFORMATION IS THE SAME FOR EVERYONE ONLY THE BACKSIDE OF ONE FORM NEEDS TO BE FILLED OUT

EMERGENCY INFORMATION
TO WHOM YOUR CHILD MAY BE RELEASED TO IF PARENT/GUARDIAN IS UNAVAILABLE
MUST LIST TWO PEOPLE BESIDES PARENT/GUARDIAN

Name: _____ Contact#: _____
Name: _____ Contact#: _____

PREFERRED SOURCES OF MEDICAL CARE

Physician's Name: _____ Contact#: _____
Dentist Name: _____ Contact#: _____
Hospital: _____ Ambulance: _____

SPECIAL CONDITIONS, DISABILITIES, ALLERGIES, OR MEDICAL EMERGENCY INFORMATION

- I understand the DMDC handbook can be found through the parent portal and consent to policies found therein _____
- I agree/disagree to the media release as written in the DMDC handbook _____ Agree _____ Disagree _____
(Initial)
- As parent/guardian, I consent to have my child receive first aid by facility staff; if necessary student will be transported to receive emergency care. I will be responsible for all charges not covered by my insurance. I consent for the emergency contact person listed above to ACT ON MY BEHALF until I am available. I agree to review and update this information whenever a change occurs. _____
(Initial)
- By registering for classes and signing this form I understand my child will participate in the end of season recital
By signing this form I, _____:
(print name)
- understand I am responsible for all costume fees and that all fees are non-refundable
- agree to providing credit card or bank account information to remain on file
- understand that if my account is not current by the 15th of each month the card or bank account will be processed for the balance amount

Parent/Guardian Signature: _____ Date: _____

CC ON FILE: # _____ EX: _____ CODE: _____

NAME ON CARD: _____ Automatic Billing: Y/N

Office Use Only

PAYMENT METHOD: CHECK # _____ CASH: _____ CREDIT CARD: _____

JR Conformation: _____