

ANN PARSLEY

SCHOOL OF DANCE

40730 Garfield Road | Clinton Township | 48038 | 586.286.8300 | info@annparsleyschoolofdance.com | www.annparsleyschoolofdance.com

FALL REGISTRATION 2011

NEW STUDENT _____ RETURNING STUDENT _____

HOW DID YOU HEAR ABOUT OUR STUDIO? (PLEASE CIRCLE)

ADVERTISEMENT
 PHONEBOOK
 SAW STUDIO
 FRIEND
 OTHER
 PLEASE LIST: _____

PARENT'S NAME _____

ADDRESS _____

CITY _____

ZIP CODE _____

EMAIL ADDRESS (IMPORTANT) _____

HOME PHONE () _____

MOTHER'S CELL PHONE/WORK () _____

FATHER'S CELL PHONE/WORK () _____

STUDENT #1 NAME	BIRTHDATE	AGE	SEX	M	F
CLASS	DAY	TIME			

STUDENT #2 NAME	BIRTHDATE	AGE	SEX	M	F
CLASS	DAY	TIME			

Additional Classes Attached: YES NO

\$25 REGISTRATION FEE PER FAMILY, \$15 FOR INDIVIDUALS. REGISTRATION FEE IS DUE UPON REGISTRATION. STUDENTS WILL NOT BE ENROLLED IN CLASSES UNTIL REGISTRATION FEE IS PAID FOR IN FULL.

STUDIO CALENDAR

Sept 6 th	First day of Fall Classes	April 2 nd - 7 th	Spring Break, Resume April 9 th
Sept 26 th - Oct 1 st	Bring a Friend to Dance Week	May 14 th - 17 th	Studio Pictures
Oct 23 rd - Oct 29 th	Halloween Week	May 28 th	Memorial Day, no Classes
Oct 31 st	No classes, Halloween	June 11 th	Last day of Regular Classes
Nov 19 th	Recital Costume Forms Due	June 12 th - 13 th	Recital Studio Rehearsals
Nov 23 rd - 26 th	Thanksgiving Break, Resume Nov 29 th	June 14 th	Recital Dress Rehearsal
Dec 19 th - Jan 2 nd	Christmas Break, Resume Jan 2 nd	June 16 th	Recital -1pm and 7pm

Dance classes DO NOT have a "mid-winter" break

Closures due to inclement weather will be announced on our website and telephone voice mail

REGISTRATION

All students must register before beginning fall classes, which includes completion of the front and back of the registration form and the emergency information form. There is a **\$25 non-refundable** annual family registration fee, or \$15 individual fee, required at the time of registration. This fee is a separate fee and does not apply towards tuition. Students will not be registered for classes unless fee is paid at the time of registration.

CLASS RECITAL INFORMATION

Classes that are marked with a (T) are not in the recital and are technique only. Classes that are marked with a (R) will participate in the recital. Beginning, Adv Beginning, Pre Jazz, Tap III and Primary I, II and III classes are in one performance for the recital. All other classes are in both performances for the recital. A student may not be in a recital dance for the level above which they are currently enrolled and testing in unless they have the teacher's permission.

STUDIO POLICIES

Please read this section carefully, as it contains our billing and make-up policies.

- **Boys Scholarships:** Our studio offers scholarships for boys up to age 18. All Ballet classes are half off tuition. All other classes are full price.
- Tuition is based on a 4-week month. Some months are longer and the extra classes equal those missed during shorter months. There is no pro-rated tuition for missed weeks. We strongly encourage students to make up any missed classes.
- Tuition is due by the **first lesson** of the month. It is the parent/guardian's responsibility to make payments to the Office Manager at the desk.
- **Full year payments receive a 10% discount if paid for by check or cash. Full year discount paid for by credit card receive a 5% discount.** Full year payments must be made by the end of September. There will not be a discount for full year payments after September.
- Monthly statements are not mailed unless accounts are delinquent.
- There are no refunds, credits or transfers of tuition for missed classes, snow days or if a student drops in mid-month.
- You may make-up classes during the year with any other class of the same level or lower, even if it is not the same type of dance.
- Payments will be **considered late on the 15th day of the month.** A \$10.00 Late Fee will be added to all accounts that carry a balance each month on any tuition/costume balance. **THESE FEES WILL NOT BE WAIVED UNDER ANY CIRCUMSTANCE.**
- Classes will be suspended for all accounts that are over 30 days past due.
- A \$30 fee is charged on all returned checks.
- The studio reserves the right to deny students from participating in the recital, without a refund of costume or tuition monies, if absences are extreme and excessive.
- Class days and times are subject to change based upon enrollment.
- Students are to abide by studio dress code at all times. Students that are not properly dressed will be dismissed from class.

ANN PARSLEY SCHOOL OF DANCE DRESS CODE -Hair should be secured neatly off the faces unless otherwise noted.	
Ballet	Girls-Leotard, pink footed tights, ballet wrap skirts permitted at teacher's discretion, pink ballet slippers, hair secured neatly off the face for beginners, intermediate and advanced levels must have hair in a bun, no jewelry is permitted. Boys-Black tights, white tshirt, black ballet shoes, dance belt
Jazz/Progressions/Hip Hop	Leotard, any color footed tight, dance shorts/capris/skirts are permitted, Revolution dark tan slip on jazz shoe
Tap	Solid colored leotard, any color footed tight, dance shorts/capris/skirt are permitted, black flat tap shoe with buckle for beg, adv beg and tap level III, black lace up jazz/tap shoe for tap level IV and up
Lyrical/Contemporary	Solid colored leotard, any color footless tight, dance shorts/capris/skirts are permitted, Capezio foot undies

I HAVE READ, UNDERSTAND AND AGREE TO ALL OF THE ABOVE LISTED INFORMATION AND POLICIES OF ANN PARSLEY SCHOOL OF DANCE-SIGNATURE REQUIRED

SIGNATURE	DATE
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FOR OFFICE USE ONLY-DO NOT ACCEPT WITH OUT REGISTRATION PAYMENT AND EMERGENCY CONTACT FORM

DATE REGISTERED AND PAID	PAYMENT TAKEN BY		
TUITION AMOUNT \$	REGISTRATION FEE \$		
TOTAL AMOUNT PAID \$			
TYPE OF PAYMENT	CASH	CHECK #	CREDIT

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EMERGENCY CONTACT 2011

PARENT'S NAME

STUDENT NAME

BIRTHDATE

AGE

SEX M F

ADDRESS

CITY

ZIP CODE

HOME PHONE ()

CELL PHONE/WORK ()

PLEASE LIST TWO EMERGENCY CONTACTS

NAME

PHONE

RELATION

NAME

PHONE

RELATION

MEDICAL INFORMATION

FAMILY DOCTOR

PHONE

MEDICATION TAKEN REGULARLY

LIST ANY ALLERGIES

DOES THE CHILD HAVE ASTHMA? Y N

INHALER TYPE

LIST PREVIOUS INJURIES THAT COULD BE OF CONCERN IN AN EMERGENCY

INSURANCE INFORMATION

INSURANCE COMPANY NAME

CONTRACT NUMBER

SUBSCRIBER NAME

GROUP NUMBER

SERVICE CODE

RELEASE OF LIABILITY-SIGNATURE REQUIRED

As the legal parent or guardian, I release and hold harmless Ann Parsley School of Dance (APSD) and its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of APSD and its owners and operators or in route to or from any of said premises. I also allow APSD to use photos and or videos for any advertising or publications. I have read and agree to follow APSD Studio Policies.

PARENT/GUARDIAN SIGNATURE

DATE

In the event of a serious accident or illness, I request that a representative of the dance studio contact me. If I cannot be reached, I request that contact is made with the physician named and their instructions be followed in the treatment of my child. If the emergency is such that immediate medical care is necessary, I authorize the dance studio to transport my child to the hospital for emergency care. The hospital agents, or a licensed physician, may administer such emergency treatment as they deem necessary under the circumstances.

PARENT/GUARDIAN SIGNATURE

DATE

I do not give my consent for emergency medical treatment of my child. In the event of serious illness or injury requiring emergency treatment, I wish the dance studio to take no action or to: _____

PARENT/GUARDIAN SIGNATURE

DATE