



# Registration Form (\* - denotes optional fields) Date: \_\_\_/\_\_\_/\_\_\_

How did you hear about us? \_\_\_\_\_ Referral Name: \_\_\_\_\_

### Family Information:

Family Last Name: \_\_\_\_\_

Contact #1 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Circle One: Mother / Father / Other

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \* \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Info (Other than Parents): \* Name: \_\_\_\_\_ Tel #: \_\_\_\_\_

### Student #1 Information:

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ (Format=mm/dd/yyyy)

Student Email:\* \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Transportation:\* \_\_\_\_\_ Allergies/Medications : \_\_\_\_\_

### Classes:

Class #1: \_\_\_\_\_ Class #2: \_\_\_\_\_

Class #3: \_\_\_\_\_ Class #4: \_\_\_\_\_

Class #5: \_\_\_\_\_ Class #6: \_\_\_\_\_

Class #7: \_\_\_\_\_ Class #8: \_\_\_\_\_

Class #9: \_\_\_\_\_ Class #10: \_\_\_\_\_

Class #11: \_\_\_\_\_ Class #12: \_\_\_\_\_

### Student #2 Information:

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ (Format=mm/dd/yyyy)

Student Email: \* \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Transportation:\* \_\_\_\_\_ Allergies/Medications : \_\_\_\_\_

Class #1: \_\_\_\_\_ Class #2: \_\_\_\_\_ Class #3: \_\_\_\_\_

### Student #3 Information:

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ (Format=mm/dd/yyyy)

Student Email: \* \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Transportation:\* \_\_\_\_\_ Allergies/Medications : \_\_\_\_\_

Class #1: \_\_\_\_\_ Class #2: \_\_\_\_\_ Class #3: \_\_\_\_\_

**Registration Fee:**

**Monthly Tuition:**

# VSPAC Studio Policies & Liability

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In exchange for participation in the activities of DANCE, GYMNASTICS, or the like, organized by the Vicky Simegiatos Performing Arts Center ("VSPAC") of Brooklyn, New York and/or use of the property, facilities and services of VSPAC, I agree for myself and for the members of my family, to the following:

## Studio Policies:

\_\_\_\_\_ 1. I acknowledge that tuition is due within the first two weeks of every month and that a \$10 late fee will be applied to payments received after the 15<sup>th</sup> of the month. I also acknowledge that there will be a \$35 charge for returned checks.

\_\_\_\_\_ 2. I acknowledge that I will pay the Curriculum Fee of \$95 by October 31<sup>st</sup> (and recognize that there is an additional fee for family's with multiple children) and will incur a late fee of \$10 if payment is received after the due date.

\_\_\_\_\_ 3. I acknowledge that I will pay a Costume Deposit of \$40 *per class* by November 30<sup>th</sup> and will incur a late fee of \$5 *per class* if payment is received after the due date. I further acknowledge that a Costume Balance will be due in the Spring.

\_\_\_\_\_ 5. I acknowledge that my monthly tuition is to be paid in full and will not change regardless of attendance, studio closing, or in cases where there are 5 class meetings in a month. If I do miss a class, I can schedule a make-up class in the office (approved make-up classes are unlimited and do not expire).

\_\_\_\_\_ 6. I acknowledge there is NO EATING PERMITTED anywhere in our center. If your child has over 3 hours of consecutive classes, they can eat dry food (example: sandwich, nuts, dried fruit, granola bar etc). Parents are not permitted to eat under any conditions.

## Legal:

\_\_\_\_\_ 7. I recognize that there are certain inherent risks associated with the activities of dance, gymnastics, or the like, and I assume full responsibility for personal injury to myself and my family members, and further release and discharge VSPAC for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of VSPAC.

\_\_\_\_\_ 8. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by VSPAC, or the employees, representatives or agents of VSPAC.

## Competition Team Policies: *(Applies Only to Those Students on Competition Teams)*

\_\_\_\_\_ 9. I recognize that participation on a Competition Team is a serious commitment and I will do my absolute best to ensure my child's attendance is consistently good.

\_\_\_\_\_ 10. I am aware that certain competitions require travel and I accept the responsibility to attend these competitions and arrange my own transportation to and from. Furthermore, VSPAC pledges to do its very best to select appropriate competitions that do not require excessive travel.

\_\_\_\_\_ 11. I agree to pay all Competition Entry Fees in full by the due date specified by VSPAC and recognize that there will be a late fee of \$10 *per routine* for Entry Fees paid after the due date.

\_\_\_\_\_ 12. I understand that I must purchase a costume for each Competition Team to which I am registered and a Team Uniform (\$85). A costume deposit of \$50 *per team* is due by October 31<sup>st</sup>. I am aware that I will incur a late fee of \$5 *per class* if payment is received after the due date.

**I have read, understood, and accepted all of the above statements, policies and procedures.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_