# **Artistry Dance Center – Registration Form 2024-2025**

554 Liberty Highway, Putnam, CT 06260 | 860-963-7073 | artistrydancecenter@gmail.com

## **Welcome to Artistry Dance Center!** We can't wait to dance with you!

Please PRINT the information below and return it to the studio with your NON-REFUNDABLE registration fee. For further information or to request additional forms, please contact the studio. This waiver will be in effect from the date of signature, through and including the summer session for 2025, ending the day prior to the start of the Fall season.

I, the parent/guardian of the below named student(s) under the age of 18, and the below named student(s) agree or disagree to the following:

1. PHOTO RELEASE: I give full right: use for promotional purposes for Ar advertisements, and other promotic releases and other print advertising. Dance Center full copyright and autil	tistry Dance Center's use onal material created by I acknowledge that by s	only. Photos and videos the studio. Photos may a igning this form, I agree	s may be used in brochur	es, websites, ames in press
**Due to the increased use of so		ot post ANY photos take istry Dance Center's Dir		er students without
				ian Initial
<b>2. <u>STUDIO POLICIES:</u></b> By initialing the ADC Studio Polices Form, and acknowledges and acknowledges are supplied to the policy of the ADC Studio Polices Form, and acknowledges are supplied to the ADC Studio Polices Form, and acknowledges are supplied to the ADC Studio Polices Form, and acknowledges are supplied to the ADC Studio Polices Form, and acknowledges are supplied to the ADC Studio Polices Form, and acknowledges are supplied to the ADC Studio Polices Form, and acknowledges are supplied to the ADC Studio Polices Form, and acknowledges are supplied to the ADC Studio Polices Form, and acknowledges are supplied to the ADC Studio Polices Form, and acknowledges are supplied to the ADC Studio Polices Form, and acknowledges are supplied to the ADC Studio Polices Form, and acknowledges are supplied to the ADC Studio Polices Form, and acknowledges are supplied to the ADC Studio Polices Form, and acknowledges are supplied to the ADC Studio Polices Form, and acknowledges are supplied to the ADC Studio Polices Form, and acknowledges are supplied to the ADC Studio Polices Form, and acknowledges are supplied to the ADC Studio Polices Form, and acknowledges are supplied to the ADC Studio Polices Form and acknowledges are supplied to the ADC Studio Polices Form and acknowledges are supplied to the ADC Studio Polices Form and acknowledges are supplied to the ADC Studio Polices Form and AD				
2 Guardian Initial	2 Student #1 Initial	2 Student #2 Initial	2 Student #3 Initial	2 Student #4 initial
3. LIABILITY WAIVER: I understand a is a possibility of physical injury or d and all claims for any injury or accid Dance Center's classes, rehearsals, pits owner, agents, volunteers, assisticlaims, demands, or causes of action may arise out of or in connection withat I should be aware of my physicathat I am the parent or legal guardian	eath. I voluntarily agree, ent which might occur to performances, or activities ants, employees, guest an whatsoever and for any the participation in any class limitations and agree not be something the perfections.	therefore, to assume all o me or my child(ren) dunces. I also release, hold har rtists, faculty members, or damage, loss, injury, or asses or activities condu- not to exceed them. Upo	risks and responsibility a ring or in connection with armless and indemnify A and/or students from an death to me, my childre cted by Artistry Dance Co	and to waive any h any of Artistry rtistry Dance Center, y and all liability n, or property which enter. I understand
Artistry Dance Center cannot guarar Studio. Further, being at the Studio the contagious nature of COVID-19 at COVID-19 by being in the building, a disability, or death. I understand the actions, omissions, or negligence of their families.	could increase your risk a and voluntarily assume the nd that such exposure of at the risk of becoming ex	and your child(ren)'s risk ne risk that my dancer(s) f infection may result in kposed to or infected by	of contracting COVID-19 and I may be exposed to personal injury, illness, p COVID-19 at the studio r	<ul><li>). I acknowledge</li><li>o or infected by</li><li>ermanent</li><li>may result from the</li></ul>
I agree to indemnify and hold harml liability, damages, compensation or fees and any related costs, if litigation	otherwise brought by me	e or anyone on my beha		
Sig	gnature:		Date:	

### \*Student Information\*

Student #1 Name:	Pronouns:	Stud	dent Cell#:
Mailing Address: Same as parent/guardian #1	Same as parent/guardian #2	Date of Birth:	Age as of <b>9/1/24</b> :
Any <b>ALLERGIES</b> /medical conditions or diagnosis?			
School Name:	Gra	Grade:	Years Dancing at ADC:(Including this year)
Student #2 Name:	Pronouns:	Stud	dent Cell#:
Mailing Address: Same as parent/guardian #1	Same as parent/guardian #2	Date of Birth:	Age as of <b>9/1/24</b> :
Any <b>ALLERGIES</b> /medical conditions or diagnosis?			
School Name:	 Gra	Grade:	Years Dancing at ADC: (Including this year)
Student #3 Name:	Pronouns:	Stud	dent Cell#:
Mailing Address: Same as parent/guardian #1	Same as parent/guardian #2	Date of Birth:	Age as of <b>9/1/24</b> :
Any <b>ALLERGIES</b> /medical conditions or diagnosis?			
School Name:	Gra	Grade:	Years Dancing at ADC: (Including this year)
Student #4 Name:	Pronouns:	Stud	dent Cell#:
Mailing Address: Same as parent/guardian #1  Any ALLERGIES/medical conditions or diagnosis?	-		
School Name:			
	*Parent/Guardian Info		(Including this year)
- (Circle #1 or #2 for Emergency Contact)			
Parent/Guardian #1:		Ce	ell phone:
Relationship to student: E			
Mailing Address:			
Parent/Guardian #2:	Pronouns: _	Ce	ell phone:
Relationship to student: E	mail:		
Mailing Address:			
By signing here, I agree to be the sole financial re	esponsible party to Artist	ry Dance Center, and	d make full payments as they are due:
Print name:			
Signature required to enroll stude	nt(s)*:		
Separate payment accounts may be granted. Ho	wever, any past due acco	ounts in regard to the	e dancer(s) will be communicated
through the above party, (including the second o	on the memo if applicable	e), who would be red	quired to fulfill the amount due if
payments are not being made.			

### **Classes for all students in family:**

Dancer	Day	Class	Time	Costume (X)	Teacher	Length of Class	
				<u> </u>			
	# of Costumes: @ \$65/costume <u>deposit</u> due Nov 15 <sup>th</sup> 2024: \$ <u>Final</u> Costume Balances (FCB) will be billed by February 15 <sup>th</sup> , 2025. Payment is due March 15 <sup>th</sup> .  A late assessment fee of \$20.00 will be added to your account if your costume deposit OR Final Costume balance is not paid by their designated due dates.						

#### **TUITION BREAKDOWN (without 10% or 5% discounts):**

Write in total hours for each dancer. Choose 1 of 3 tuition payment options and fill in based on tuition sheet.

Total Hour(s) Each Child	Yearly	Sibling 20% discount.	Session	Sibling 20% Discount	Monthly	Sibling 20% discount
1 <sup>st</sup> :	\$	n/a	\$	n/a	\$	n/a
2 <sup>nd</sup> :	\$	\$	\$	\$	\$	\$
3 <sup>rd</sup> :	\$	\$	\$	\$	\$	\$
4 <sup>th</sup> :	\$	\$	\$	\$	\$	\$

TUITION WITH DISCOU	<u>NTS</u> Yearly	Session	Monthly		
Total of all children including sibling discounts	\$	\$	\$		
Apply discount if applicable	- 10%	- 5%	No extra discount		
Grand Total	\$	\$	\$		

#### **TUITION:**

- Please make all checks payable to "KMR Studios LLC." Thank you!
- In the event your account is 30 days past due, you will need to fill out an <u>payment plan</u> in order to pay the balance, on top of what fees may be upcoming. This will be followed up with our extended studio policies explaining further consequences for missed payments. A late fee of \$20.00 will apply when payments are not made on time.

  (This includes Costume Deposit and Final Costume Balance (FCB) in which that fee would be applied by the 30th
- Tuition payments can be made by check, cash, money order, or credit card. We accept Visa, Mastercard, Discover, and American Express.
- Tuition adjustments will be made if your dancer has a change in class hours. The schedule is <u>subject to change</u>.
- A \$25.00 service fee will be added to your account for each returned check.

written or verbal permission for the following transactions only over the course of the 2022-2023 season when they are due.  (Check off)tuitioncostume feesmerchandiseother (ex, snacks, water, event tickets etc.)  If other: please list here:  Signature:   **OFFICE USE ONLY ~*  Balance from previous year: \$ Registration Fee: \$  1. Cash: \$ 2. Check: \$ (Check #:) 3. MC/Visa/Disc/Amex: \$  Staff Initials: Date:  B/O Given Dancewear (Type, Brand, Color, Size) Dancer Base Price Tax Total Price	Registrat	ion Fee (N	<u> Non-refundable)</u>	(Circle or	ne) Discount applies	to siblings/dancers	rom the same immed	liate family	
Year in Full (w/10% discount if received by 1st class of Sept.) \$			1 student	\$15	2 students	\$25 3+ s	tudents \$35		
Session Payments (w/5% discount; if received by 1 <sup>st</sup> class of Sept. and Jan.) \$	<u>Payment</u>	Plan:	FIRST PAYMI	ENT MUST	T BE MADE BY Y	OUR DANCER'S	FIRST CLASS		
Session Payments (W/5% discount if received by 1 <sup>st</sup> class of Sept. and Jan.) \$ (amount)		Year in	Full (w/10% disco	ount if re	ceived by 1st cl	ass of Sept.) \$	(am	ount)	
Monthly payments (No discount, due by the 1 <sup>st</sup> of the month) \$		Sessior	n Payments (w/5%	6 discoun	nt if received b	/ 1 <sup>st</sup> class of Se	pt. and Jan.) \$_	(a	amount)
*A \$20 Late Assessment Fee will be applied to your account if payment has not been by the 10 <sup>th</sup> of that month.*    *OPTIONAL CREDIT CARD INFO ON FILE*   If you would like us to keep a card on file for you in a safe, and secure location in our software to run for something throughout the year, (fuition payments, merchandise, Final Costume Balance etc.), you may leave your info below. We will not run your card without prior approval.   Date Card Added:		Month						(amount)	
If you would like us to keep a card on file for you in a safe, and secure location in our software to run for something throughout the year, (tuition payments, merchandise, Final Costume Balance etc.), you may leave your info below. We will not run your card without prior approval. Date Card Added:									
something throughout the year, (tuition payments, merchandise, Final Costume Balance etc.), you may leave your info below. We will not run your card without prior approval. Date Card Added:  MC/Visa/Disc/Amex Account # Zip Code: Exp. Date:  AUTO RUN Options - Please sign where applicable (optional)  I (print name) give my permission for Artistry Dance Center to run my credit card only with written or verbal permission for the following transactions over the course of the 2024-2025 season when they are due.  (Check off) tuition costume fees merchandise other (ex, snacks, water, event tickets etc.)  If other: please list here: (print name) give my permission for Artistry Dance Center to run my credit card without written or verbal permission for the following transactions only over the course of the 2022-2023 season when they are due.  (Check off) tuition costume fees merchandise other (ex, snacks, water, event tickets etc.)  If other: please list here: Signature:  OFFICE USE ONLY ~  Balance from previous year: \$ Registration Fee: \$  Staff Initials: Date:  B/O Given Dancewear (Type, Brand, Color, Size) Dancer Base Price Tax Total Price  Notes:			* <b>OP</b> ]	ΓΙΟΝΑL	CREDIT CA	RD INFO O	N FILE*		
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AUTO RUN Options - Please sign where applicable (optional)  I,	MC/Visa/E	Disc/Amex	Account #			Zip Code	<b>.</b>	Exp. Date	2:
(print name) give my permission for Artistry Dance Center to run my credit card only with written or verbal permission for the following transactions over the course of the 2024-2025 season when they are due.    (Check off)tuitioncostume feesmerchandiseother (ex, snacks, water, event tickets etc.)     If other: please list here:   Signature: (print name) give my permission for Artistry Dance Center to run my credit card without written or verbal permission for Indiana permission for Artistry Dance Center to run my credit card without written or verbal permission for Indiana permission for Artistry Dance Center to run my credit card without written or verbal permission for Indiana permission for Artistry Dance Center to run my credit card without written or verbal permission for Indiana permission for Artistry Dance Center to run my credit card without written or verbal permission for Indiana permission for Artistry Dance Center to run my credit card without permission for Indiana permission for Artistry Dance Pent tickets etc.)    Check off	CVV:	Name	on Card:			Signature:			
Balance from previous year: \$ Credit from previous year: \$ Registration Fee: \$  1. Cash: \$ 2. Check: \$ (Check #:) 3. MC/Visa/Disc/Amex: \$  Staff Initials: Date:  B/O Given Dancewear (Type, Brand, Color, Size) Dancer Base Price Tax Total Price  Notes:	(Che	eck off) verbal perreck off)	_ tuition costu If other: please Signature mission for the follo _ tuition costu If other: please	ime fees list here: :: (print nan owing tran ime fees list here:	merchand ne) give my perr nsactions <u>only</u> ov merchand	nission for Artist er the course of ise other	ry Dance Center the 2022-2023 s	r, event ticke - to run my cr eason when	ets etc.) edit card <u>without</u> they are due.
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Staff Initials:Date:	Balance from	previous	year: \$	Cr	redit from prev	ious year: \$	R	egistration	Fee: \$
B/O Given Dancewear (Type, Brand, Color, Size) Dancer Base Price Tax Total Price  Notes:	1. Cash: \$		2. Check: \$		(Check #: _	) 3. N	C/Visa/Disc/Am	nex: \$	
Notes:					Staff In	tials:	Date	e:	
	B/O Giv	en Dan	cewear (Type, Bi	rand, Co	olor, Size)	Dancer	Base Price	Tax	Total Price
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