



2017-2018 REGISTRATION FORM

STUDENT INFORMATION:

Student Name:	Date of Birth:	Grade:
Home Address:	City:	Zipcode:
Email:	Home Phone:	Student Cell:

Student's primary place of residence: _____ Both _____ Mother/Guardian _____ Father/Guardian

PARENT/GUARDIAN INFORMATION (IF STUDENT IS UNDER 18):

Father/Guardian Name:	Work Phone:	Cell Phone:
Email (unless same as above):	Place of Employment:	Other Info:

Mother/Guardian Name:	Work Phone:	Cell Phone:
Email (unless same as above):	Place of Employment:	Other Info:

EMERGENCY CONTACT INFORMATION: (PARENTS/GUARDIAN WILL BE NOTIFIED FIRST. PLEASE PROVIDE **ALTERNATE** EMERGENCY CONTACT, **NOT** PARENT/GUARDIAN)

Name:	Relation to Student:	Phone 1:	Phone 2:
Allergies:	Physician's Name:		Phone:

Does the student have health insurance?: No Yes - please submit copy of insurance card (front & back)

Do we have your permission to seek emergency medical treatment if necessary?: No Yes

How did you hear about us? _____.

List any individual NOT authorized to pick up your child:

TUITION POLICY:

Full tuition is due at the beginning of each session. Payment plans may be arranged with the approval of the CAD Administrator. Any tuition payment more than 30 days late will be charged a \$25.00 late fee. There is a \$25.00 charge for returned checks. Once classes have begun, tuition is not refundable. Students who miss class or withdraw before the end of the semester are still obligated for the full tuition without exception unless the class is canceled. Students are eligible for a pro-rated tuition refund only if they withdraw from classes due to prolonged illness or severe injury, verified by a doctor's certificate.

Completed Tuition Payment Worksheet with payment, and \$50.00 Registration Fee is due before registration can be processed.

<i>For office use only:</i> <input type="checkbox"/> DSP <input type="checkbox"/> QB <input type="checkbox"/> Pymt.

Christian Academy of Dance Release Information

PLEASE INITIAL EACH SEGMENT OF THIS CONSENT FORM. BY DOING SO YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND THE TERMS OUTLINED BELOW. PARENT/GUARDIAN MUST INITIAL IF STUDENT IS UNDER 18.

____ PHOTO/VIDEO CONSENT:

Consent is granted for the student/performer to be photographed or videotaped. Such materials may be used without compensation in a public presentation.

____ INJURY RELEASE:

I hereby consent to participation in Christian Academy of Dance programs. I am aware that all forms of dance and the rigorous exercises associated with it place unusual stresses on the body and carry with them the possible risk of physical injury. I assume this risk and agree that Christian Academy of Dance, its staff, and its related entities (i.e. The Living Rock Church), agents, employees, officers and representative are free from and against any and all claims, demands, actions, judgments which the undersigned, or any other person ever had or may have against Christian Academy of Dance for any losses, costs and expenses (including Attorney's fees) and damages or injuries known or unknown, real or personal, sustained by me or my shield while in attendance and/or participating in all Christian Academy of Dance programs. The undersigned also agrees that he or she will not hold Christian Academy of Dance responsible for the loss or damage of personal property while in attendance and/or participating in any of these programs.

____ PHYSICAL CONTACT:

Dance is an art form that requires teachers to be able to have appropriate physical contact for the purpose of making technical corrections. Consent is granted for such physical contact.

____ RULES & POLICIES:

The signature below implies agreement to abide by the rules and policies of Christian Academy of Dance. This includes, but is not limited to, behavior that exhibits respect to fellow students, the teacher and the facility.

PLEASE PROVIDE ANY ADDITIONAL INFORMATION ABOUT YOUR STUDENT THAT IS IMPORTANT FOR CAD TO KNOW:

YOUR SIGNATURE BELOW INDICATES YOU HAVE READ AND AGREE TO ABIDE BY THE POLICIES AND PROCEDURES LISTED ABOVE AS WELL AS AGREE TO PAY ALL ASSESSED TUITION AND FEES THAT RESULT FROM REGISTRATION.

Signature: _____ Signed By: _____ Date: _____
(Parent/Guardian or Student if over 18) (Print your name)

ALL ARE FEES DUE AT TIME OF REGISTRATION. ALL CHECKS SHOULD BE MADE OUT TO "LIVING ROCK CHURCH"

Please return with Class Selection Form