Genesis Arts Dance Studio Registration Form/Client Information:

Located at 8940 Md. State Route 108, Suite A, Columbia, MD 21045 Phone: 410-715-8764 Fax: 410-715-1926

E-mail:dancefoundationsdancestudio@gmail.com Website: www.genesisarts.net

Date of Registration_____ Staff Notes_____

Student(s) Name_____Parent/Guardian Names_____

Home Phone_____ Cell/Work Phone_____ Birthdate (s)_____

E-mail_____ Dance Experience_____

Medical Conditions/Medications_____How did you hear about us?_____

Please check preferred method of communication:

___ Home Phone ___ Cell Phone ___ Mail ___ E-mail Other_____

Please check the appropriate boxes:

___ New Student(s) ___Single Registration $20 ___Fall Session ___Summer Session

___Returning Student(s) ___Family Registration $25 ___Spring Session ___Summer Camp

Tuition Agreement: Tuition is based upon a school year or a session. It is paid in multiple installments based on the number of classes for that session: Fall and spring equal 36 weeks or 9 months of tuition, Summer is equal to 4 weeks or one month's tuition. ***Tuition is not refundable*** so we recommend everyone take advantage of our free trial class to insure they're pleased with our programs. Clients enrolling for fall or spring session must pay first and last month's tuition at time of sign up with their registration fee. This is only waived if students are enrolled for 4 or more classes in that session. ***Tuition is not billed*** and will be due the first of every month. Clients receive a grace period of five days to pay tuition. ***Tuition not paid by the seventh of each month will be charged a late fee of $5.*** You will be contacted in your preferred method of communication before the 1st of the month and before the 7th to be reminded. Any tuition not paid after the fourteen of the month will be charged a late fee of $10 and $5 will be added every 7 days until the tuition is remitted in full. ***To discontinue, we need written notification in letter or e-mail two weeks prior to the next installment or they will be charged for an additional full installment. Students who discontinue classes may not attend make up classes after un-enrolling.***

Policy Agreement: I have received and reviewed the studio brochure and agree to the policies as listed concerning dress code, insurance, missed and make-up classes, late arrivals, student drop off and pick up, registration, tuition, late fees, observation, class progression, student conduct, inclement weather, recitals, and video/photography. By signing this document, I am agreeing to abide by these policies as listed here and in the brochure. Additionally, I understand that if I do not abide by these policies, I will not be afforded the services Genesis Arts offers. Likewise, if I do not keep my account current, I may be turned over to collections and will be responsible for those additional fees. I agree to not hold Lori Pryor and her staff liable for any possible injuries sustained while in class or in the building.

Video/Picture Policy: We agree to have pictures and video published on the Internet and associated with DF/Lori Pryor_____ We do not agree_____

Parent's Signature_____ Student Signature_____

Student"s Name	Studio	Day	Time	Class Length	Class Title	Installment	Payment