

Gould Academy of Dance Arts Registration Form

Date _____

Students name(s)
check one

Birthday age/grade new student former student

How did you hear about us?

Parents Name(s) or guardian

Address & phone(s)

Home#

cell# _____ wk# _____ Emergency Contact(name/number) _____

For future scheduling of classes we kindly ask for your typical work schedule?

Medical History- is there anything we should know about your child, which may effect their participation in dance or tumbling classes? (For instance asthma, past injuries, scoliosis, ect.)

G.A.D.A. Policies

We offer a progressive training program which runs from Sept –June plus a four week summer session. Tuition is due the first week of every eight week session. every eight weeks, the beginning of Sept., Nov., Jan., March, and May. Our annual registration fee is \$20.00 per family. When paying for upcoming session we ask parents to fill out a mini registration form and staple to your check. You may drop it off at the office, mail it in, or drop it in the tuition box at the office counter. If you add, drop, or change a class, please specify on a registration form and turn it in to the office. We only mail out statements when tuition is past due. A \$10.00 late fee may be added to all late invoices. A \$25.00 fee will be charged for all returned checks. Credit is not issued for vacation or sick days; please schedule a make-up class in those cases. If a serious condition occurs and a student misses two or more weeks due to illness/injury; please notify our office and we will make exceptions. Missed classes must be made up during the current session only, no extensions into the next session unless you re-enroll in the class.

Waiver/Release Form

We take pride in our student's accomplishments. As students levels progress in dance and excelled levels of tumbling it can bring about a higher level of risk factor. I hereby release the Gould Academy of Dance Arts, the owner, and employees, from all claims or causes of action due to a possible injury or illness during class participation or performance on or off the premises of the Gould Academy of Dance Arts. Your children's photo(s) may be used for promotional or advertising purposes, in the event I understand no fees will be offered. I have read the policies and understand that I am responsible for tuition fees, possible late fees and costume fees if performing in our production.

Signature of parent or guardian if student or students are under 18 years of age.

Parent or Guardian

signature _____ date _____

Please list student taking the most classes first.

Student name	class	day	time	Class fee(s)	Class (circle session)					summer	
					1	2	3	4	5		

10%

15%

20%

25%

List additional family members on back of page.

unlimited single
Unlimited family
\$20 registration fee **20.00**
Total Due _____

Date Paid check # or Cash _____ Balance _____

