

**Steppin' Out Studio of Dance, Inc.**  
**Enrollment/Registration Form**

Please read and fill out this form completely. Please print.

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ Number of Years of Dance Experience: \_\_\_\_\_

Styles of Dance Studied: \_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Parent's E-Mail Address: \_\_\_\_\_

Please list any medical or learning problems: \_\_\_\_\_  
\_\_\_\_\_

At what time of day can you begin class(es)? \_\_\_\_\_ Is there any day you cannot dance? \_\_\_\_\_

1. I know of, acknowledge, and fully understand that my child will be engaging in activities that may involve slight risk of injury and assume all of the foregoing risks and accept personal responsibility for the damages following such injury. I release, discharge, and agree to take no legal action regarding any and all liabilities against Steppin' Out Studio of Dance, Inc. or its owners and teachers. My child is in good health and physical condition to participate in these activities. I, the undersigned, will accept full responsibility of any injuries incurred.
2. I understand that the staff at Steppin' Out will place my child in the appropriate class for his/her ability.
3. I am aware that monthly tuition is due by the 10th of each month. If paid late, I agree to pay a \$10.00 late fee. Payments can be made at the front desk during studio hours or mailed to 12844 Coldwater Road, Suite D, Fort Wayne, IN 46845 (must be postmarked by the 10th).
4. I understand that there is a non-refundable \$10.00 registration fee for each returning dancer, and there is a non-refundable \$15.00 registration fee for a new student, due with this enrollment form. A student will not be placed in a class until the appropriate registration fee is paid.
5. I agree to pay a \$20.00 service charge if the bank returns my check.
6. Costumes are ordered in late fall. I will pay all costume fees for each class if my child is enrolled and taking classes as of November 1st. I realize there are no refunds given on costumes. Costume invoices are sent out in January. Costume fees are due in full by February 28th.
7. I understand that my monthly tuition remains the same regardless of the number of weeks per month or absences. Some months will have 5 weeks, others will have 3 weeks.
8. I will get my child to class on a timely and regular basis. Inconsistent attendance makes it difficult on the student, teacher, and class. More than two consecutive missed classes may require private lessons, at an additional charge, to catch your child up. This is based on the teacher's discretion.
9. I understand and assure that my child will follow the dress code and rules and regulations of the studio that I have been given. I understand if my child does not follow the studio guidelines, he/she may be removed from class.
10. I understand that all students perform in the year-end recital held in early June. I understand that tickets need to be purchased for the recital. The recital will be held on consecutive days with the dress rehearsals coinciding with the student's recital day(s).

**\*\*\* Classes begin the Tuesday following Labor Day. \*\*\***

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_