

TTD To the Pointe

Dancer's Name _____

Address _____

City _____ State CA Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail Address _____

Date of Birth _____

Parent / Guardian #1 Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail Address _____

Parent / Guardian #2 Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail Address _____

Enrollment

Student will be taking the following classes:

Level	Day	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Registration Form

(please complete front & back of form)

Fees

There is a semi-annual registration and insurance fee of \$15.00 per family.

All tuition is due on the 1st of the month, and is late on the 6th of the month. A late fee of \$15.00 will be due if tuition is paid after the 5th. If tuition is not received by the 10th of the month, the student will not be allowed to take class until all fees are paid.

Full tuition is due every month regardless of holidays or absences. Partial monthly payments or pro-rated payments are not accepted. If full tuition is not received for the month, the student will be considered dropped from the class and will need to re-register upon return. Tuition cannot be carried to successive months.

Returned voided checks will be charged \$25.00

To The Pointe Fees Policy Acknowledged by: X

 Dancer or Parent / Guardian Signature

Liability Waiver:

I, _____, hereby waive all liability to To The Pointe ("T.T.P."), its' employees, agents, volunteers, and Erin Duclos, while myself or my child _____ is attending classes or on studio property or while performing under the name T.T.P., and accept full responsibility financially, legally, and medically for him/her/myself. I have also read all policies of To The Pointe and agree to abide by them.

X _____ Date _____
 Dancer's or Parent / Guardian Signature

Emergency Release:

I, _____, hereby give T.T.P. permission to seek medical and/or dental attention for (Dancer's Name) _____ in the event that I am not present at the time of illness or injury.

X _____ Date _____
 Dancer's or Parent / Guardian Signature

Physician's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

Preferred Hospital Name _____

Does your physician need to be called before going to the emergency room? Yes No

Health Insurance Company _____

Policy / Group # _____

Medical conditions and/or Medications we should be aware of:

For T.T.P. use only:

Registration fee received on _____ Cash Check # _____