



PDDS Studio Family Contract/Registration Record

Box 1666 New Liskeard, Ont. Fax: 855-294-3941

Dancers Name: **1** _____

Dancers Name: **2.** _____

Age(s): **1.** _____ DOB: _____ **2.** _____ DOB: _____

Mother's Name: _____

Father's Name: _____

Mailing Address of Dancer: _____

Main Contact Phone Number for Dancer: _____

Main Email for Dancer: _____

*Note: all communications between studio and student will be done by email

Other Email: _____

Emergency Contact: _____

Medical Condition: _____

Please fill in the attached health alert form if needed and submit with registration form

*****Please Check Which Class(es) You Wish To Register For*****

- | | | | | |
|--|--|---|--|--|
| <input type="checkbox"/> TINY TOTS (Age 3-4) | <input type="checkbox"/> PRE-DANCE (Age 4-5) | <input type="checkbox"/> TAP | <input type="checkbox"/> JAZZ | <input type="checkbox"/> BALLET |
| <input type="checkbox"/> HIP HOP/BALLET COMBO (Age 5-7) | <input type="checkbox"/> TAP/JAZZ COMBO (Age 5-7) | | | |
| <input type="checkbox"/> ACRO/BALLET COMBO (Age 5-7) | <input type="checkbox"/> ACRO/HIP HOP COMBO (Age 5-7) | | | |
| <input type="checkbox"/> POINTE Ballet (Age 11 ^) | <input type="checkbox"/> ACRO | <input type="checkbox"/> HIP HOP | <input type="checkbox"/> <i>Competitive Team</i> | |

CONTRACT (please check box to agree)

I agree that I have read and understand all the **rules and regulations** regarding my child's dance class found on our website. I agree that I have read and understand the **tuition and costume policies**. The person who signs the studio contract is responsible for the account and having tuition paid on time. I hereby certify that my child is in good physical condition and is able to participate fully in this program. All current medical conditions requiring medication are outlined on the medical alert form. **I release The Paula Davey Dance School and its teachers from liability in case of accident or injury.** I understand that all classes will be conducted in the safest possible manner.

I agree that if the government mandates a studio closure, my policy will be to move forward with Band or Zoom classes. Classes will run as regularly scheduled therefore enforcing Band/Zoom as a norm, not as an option.

Signature: _____ Date: _____

Email: pauladaveydance@gmail.com

www.pauladaveydance.com

OFFICE USE ONLY

Child One: _____ Child Two: _____

| Day | Time | Class | Day | Time | Class |
|-----|------|-------|-----|------|-------|
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PAYMENT SCHEDULE – (Please check box to agree) ensure you have read our tuition policy information from our website
 Program Cancellation Policy – If I wish to cancel my registration after the 2nd week of dance, I understand there are no refunds and that I am responsible for full payment.

Payment due date: September 1 - October 1 - November 1 - December 1

- E Transfer (pauladaveydance@gmail.com) Cash Credit Debit
- I give PDDS permission to take payments on my credit card on the payment due date
- Full Payment 2 Installments 4 Installments 8 Installments (*competitive students only*)

Credit Card # _____

Expiry Date: _____ Code # _____

Cardholder Signature: _____



PDDS HEALTH ALERT FORM

Fill out and submit only if applicable
Medical Alerts must be worn at all times

Dancer Name: _____

Date of Birth: _____ Age: _____

Parent/Guardian: _____

Phone Number: _____ Work: _____

Address: _____

Other Emergency Contacts

Name: _____ Phone Number: _____

Details of Medical Condition:

Medication/prescription: _____

Reason: _____

Past injury (ex: back, knee): _____

Recent injury (ex: back, knee): _____

Diabetes: _____ Allergies: _____

Chiropractor Name: _____

Treatments: _____

Massage Therapist Name: _____

Treatments: _____

Physio Therapist Name: _____

Treatments: _____

Additional Information: _____
