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115 Perry Highway, Suite 162, Harmony, PA 16037 \* 724-453-0944

Student Registration Form 2022-23

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade \_\_\_\_\_\_\_\_\_\_\_\_ School Attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prior dance experience: Y or N

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where you heard about us\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medical conditions that we should be aware of (allergies etc):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my consent for my child or myself to participate in the programs of Siri’s School. I understand, that with physical activity, there is a risk of injury during participation in class. I hereby waive and release Siri’s School of the Performing Arts and all her teachers from all claims of liability including accidents or injury while on or about their premises, or while on off-site performances or activities.

\*I have received the student handbook, dance policies and procedures, dress code and tuition & payment information and agree to adhere to all the content stated herein.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list the class(es) you wish to enroll in:**

**Class Day/time Tuition Due**

**1:­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SUB-TOTAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REG. FEE: $30 OR $40**

**6: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please make checks payable to Siri’s School, the first month’s tuition and registration is due upon registration. This will reserve your space in class and is non-refundable. NO EXCEPTIONS!**

**Dance Policies and Procedures**

**Registration: \_\_\_\_\_\_ initials**

A non-refundable fee of $30 per student/$40 per family and the first month’s tuition is required yearly at time of registration. This reserves your space in the class and all students must pay it. This payment is NON-REFUNDABLE, NO EXCEPTIONS!

**Payment or Tuition: \_\_\_\_\_\_ initials**

Tuition must be paid the first class of every month, made Payable to Siri’s School. Please drop tuition into payment box provided in lobby. Failure to pay by the 10th of the month will result in a $10 late fee. All NSF checks will be charged a $30 NSF Fee. Tuition is the same every month regardless of the number of classes for dance, this includes the months of September, December and June. Voice is charged by how many lessons in that month. Student accounts must be paid in full by the recital or the student will not be permitted to perform in the recital. All families must sign consent credit card form for our files.

**Recital Costume/Tickets: \_\_\_\_\_\_ initials**

Costume fees will be billed in January, and must be paid for by the end of February, in full. If not paid in full, then your credit card will be run. There is a costume fee of $100 for 7 and under and $115 for Level 1 and up for each student. This includes one costume, tights and a recital T-Shirt. Any additional costume is $90 or $80 No costumes will be refunded once ordered. All recital tickets are $15 a person and there is NO limit on the amount that you can purchase. Tickets bought day of recital are $20 at door, cash accepted at door only!

**Attendance: \_\_\_\_\_\_ initials**

A minimum attendance standard is required. If a student misses more than 8 classes after January, he/she will not be allowed to participate in the end of year recital (costumes are non-refundable), as this is not fair to other students. Please arrive on time for class.

**Care of Students: \_\_\_\_\_\_ initials**

The school is not responsible for providing before and after class care for students. Parents with students under the age of 5 must remain in the school during the classes. Students are not to be left at the school for excessive time periods before or after their classes.

**Injuries: \_\_\_\_\_\_ initials**

Parents, legal guardians of minors, students and adult students waive the right to any legal action for any injury sustained on school property resulting from normal dance/gymnastic activity or any other conducted by students before, during or after class time, or while on off-site performance or activities.

**Withdrawals: \_\_\_\_\_\_ initials**

It is the responsibility of the parent/legal guardian to:

1. Notify the school in writing of your intent to withdraw from class.
2. Give a 30 day notice at beginning of the month before January.
3. Complete and sign a withdrawal form provided by the school.
4. You are responsible for the **full tuition** of your final 30 days.
5. If you would decide to leave “Siri’s School” in January or after, for **any reason at all**, you would **still be responsible** to **pay for the remaining months of the year through June**.

In the case that this provision would have to be enforced by legal action, the parent/guardian will be responsible for all payments, as liquidated damages, costs of collection, plus interest at the legal rate and reasonable attorney’s fee as determined by the court or 15% of the amount collected failing such determination.

**Photo Release Consent:** I give permission to Siri’s School of the Performing Arts to photograph or video my child(ren) or myself for promotional/recreational use.

**I have read and understand the above policies and procedures and agree to abide by them.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (please print) Date Signature of Parent or Adult Student

**Tuition is due on the 1st of the month. You have until the 10th to pay without incurring a late fee. Auto-pay is available to you through your Parent Portal. Cash and checks are also accepted forms of payment. If you are unable to pay in person you can mail payments to:**

**Siri’s School of the Performing Arts**

**Northgate Plaza**

**115 Perry Hwy Suite 162**

**Harmony, PA 16037**

**>Siri’s School requires all families to have a credit card on file with the studio unless you have paid full year’s tuition in advance.**

WE WILL NOT CHARGE THE CARD UNLESS…

* Tuition is not paid by the 10th of the month then a $10.00 late fee is added to your tuition and your card on file will be charged on the 11th of the month.
* If you have a check returned to us by the bank, we will assess a $30.00 NSF Fee and run your card to cover the full amount.
* You have outstanding charges on your Siri’s School account: after 30 days we will run the card for all unpaid charges.

SIGNING THIS FORM GIVES US PERMISSION TO CHARGE YOUR CREDIT CARD FOR THE REMAINDER OF THE DANCE YEAR IF YOU DO NOT FILL OUT A WITHDRAWAL FORM WHEN YOU DROP A CLASS.

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME ON CARD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF CARD: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CARD NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXP DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SECURITY CODE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_(BACK OF CARD)

BILLING ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP CODE:\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE ON CARDHOLDER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_