



(863) 863- 409-9952
www.crystalsworldofdance.com

2010 - 2011

m.

your child will experience dance like never before, we strive for excellence in dance education. Attendance is very important we ask that you try your hardest to have your child to class on time and that there are prepared. All students are required to have proper dance attire including shoes, tights and leotards.. We invite you to join our parents committee, to assist with the implementation of dance activities, such as fundraiser, performances and field trips. If your child gets discourage we urge you to discuss this with the dance instructor before withdrawing them from classes. Dance requires commitment, dedication, and determination from the student and parent.

Please read and initial that understand the following rules and regulations.

- Parents please take your child to the bathroom before class, as teachers and teachers assistants do not take students to the restroom. _____ Parent Initial
- There is no food or drinks allowed the studio. _____ Parent Initial
- Jeans cannot be worn to class. _____ Parent Initial
- Street Shoes cannot be worn to dance class, students must have appropriate dance shoes. _____ Parent Initial
- Cell Phones are not allowed in class. _____ Parent Initial
- Students must be signed and may not be dropped off before 6:00pm, parents must come inside and pick their child up. Parents waiting must wait in the parents waiting area, parents are not allowed in class . _____ Parent Initial
- Students more than 10 min late for class cannot participate in that class. _____ Parent Initial
- A Waiver must be completed for every student, and no one is allowed in the classrooms without a signed waiver. _____ Parent Initial



Crystal's World of Dance
Registration Agreement

Parent must read below and initial each statement

1. _____ first class of the month, I understand that payments made after the first Saturday in the month will be charged a \$20.00 Late Fee.
PARENT INITIAL _____

2. _____ my child will not be able to participate in class.
PARENT INITIAL _____

3. I understand that performance costumes must be paid in full no later than Saturday January 15th 2011.
PARENT INITIAL _____

4. I understand that my child must have the appropriate dance shoes and clothing, all dancers will need a solid black leotard, mocha , pink and white dance tights for performances through the dance year
PARENT INITIAL _____

5. Return check fee: I understand that there is \$30.00 returned check fee for all return checks no matter the reason.
PARENT INITIAL _____

6. Regular attendance is necessary in order to make progressing class. If your child is going to be absent, we ask that you call 863- 409-9952 to let us know.
PARENT INITIAL _____

7. Classes will not be made up for inclement weather or for issues beyond the studios control.
PARENT INITIAL _____

8. Classes begin in September the will be a winter performance in January and the season colludes with an end of the year performance in June. Performances are held at Rochelle School for Performing Arts. There is no class on the following dates: THANKSGIVING BREAK, _____, CHRISTMAS BREAK, NEW YEARS DAY, MARTIN LUTHER KING DAY, SPRING BREAK, MEMORIAL DAY.

PARENT INITIAL _____



Crystal's World of Dance
Registration Form

_____ Bartow location

_____ Lakeland location

Returning Student _____ Yes _____ No

Student(s) Full Name: _____ Date of Birth _____ Age: _____ Race _____

Full Name: _____ Date of Birth _____ Age: _____ Race _____

Full Name: _____ Date of Birth _____ Age: _____ Race _____

Parents Full Name: _____ Email Address _____

Address _____ City _____ Zip _____

Telephone Numbers: (H) _____ (C) _____ (W) _____

The following information is used for statical information only, and is required for certain grants

Head of Household: ___M___F Single Parent Home: ___Yes___ No

Are you a grandparent responsibly for this child _____ Yes _____ No

Average Yearly Household Income: Less than \$15,000 _____ 1\$5, 000- 24,000 _____ \$25,000 35,000 _____
\$35,000 - \$40,000 _____ \$ 45,000-\$ 60,000 _____

Has your child ever dance before? _____ If yes were _____

Liability Waiver:

Triple

Eagles CDC, or Simpson Park Community Center, shall not be responsible or legally liable for any losses of personal property, or bodily injuries as a result of participation in dance school related activities. In case of an emergency, I understand every effort will be made to contact me or the emergency contact person named below. In the event one of us cannot be contacted. I herby give my permission to the person in charge to select permission, to hospitalize, secure proper treatment for and to order injections, anesthetics or surgery necessary for the health of my child.

I have read and understood the li
emergency contact information I provided changes.

History:

Does your child have any medical concerns we should know about? _____

If yes please explain _____

Is your child currently taking any prescribed medications? _____ Is yes please

list _____

Does your child any allergies? _____ If yes please list _____

_____ () _____

Emergency Contacts: (must list two names other than parent)

Name: _____ Telephone # _____ Relationship _____

Name: _____ Telephone # _____ Relationship _____

Name: _____ Telephone # _____ Relationship _____

Name: _____ Telephone # _____ Relationship _____

I have read and unde

Print Name: _____

Signature _____ Date _____

Staff Initial _____ Date _____