



Registration Intake Form

(Each student must have his/her own completed intake form)

Date _____

Student Last Name _____ Student First Name _____ MI _____

Date of Birth _____ Age _____ Grade _____ Gender _____ Current School _____

Address _____ City _____ Zip _____

Name of Parent(s)/Guardian _____

Mother's Cell Phone (____) _____ - _____ Home Phone (____) _____ - _____ email _____

Father's Cell Phone (____) _____ - _____ Home Phone (____) _____ - _____ email _____

Emergency Contact (non-parent) _____ Phone (____) _____ - _____ Relation _____

Any known medical problems, allergies or medications being taken? _____

Previous Dance Training Yes ☐ No ☐ Years of Training _____ Name of School/Studio _____

Please check desired classes:

☐ Creative Movement (2 ½ year old) ☐ Tap/Ballet Combo (3-5 year old) ☐ Tap/Ballet/Jazz (Kindergarten only)

☐ Jazz ☐ Ballet ☐ Pointe ☐ Hip-hop ☐ Drill Team ☐ Lyrical / Contemporary ☐ Other _____

Please list days which will NOT work with your schedule (Mon-Sat) _____

Are you looking for morning or afternoon classes? _____

If afternoon classes desired, what is the earliest start time dancer could be present? _____

List up to two friend requests _____

How did you hear about Balance Dance Studios?



Client Payment Information

Annual Registration Fee \$ _____

(\$50 for 1st child,
\$10 per add'l child)

Monthly Tuition \$ _____

Last Month's Tuition* \$ _____

**Last month's tuition is
required if a credit card is
not provided for monthly
auto-pay.*

Total Payment Amount \$ _____

Student(s) Name _____ **Name of Parent/Guardian** _____

Signature of Parent/Guardian _____ **Date** _____

How will you be paying the above first payment total?

☐ Cash ☐ Check # _____ ☐ Credit

If paying by Credit Card, please fill out the below form:

Circle form of payment Visa MC

Name on Card _____ **Credit Card #** _____

Exp. Date ____/____ **Security Code** _____ **Signature** _____

**Tuition payments are auto-charged on the 1st of every month. By signing below, you are
authorizing Balance Dance Studios to charge the above credit card on the 1st of each month.**

I authorize Balance Dance Studios to auto-charge tuition? Yes ☐ No ☐

Signature _____



YOUTH ENROLLMENT FEES, POLICIES, PROCEDURES, & RELEASES

Please read thoroughly, initial each section and sign the bottom of this form.

REGISTRATION FEE: Student registration fee for Fall/Spring of \$50, collected with first month’s prorated tuition, is required with the registration form to reserve a space for any youth enrollment class (see discount chart below). Registration is not considered complete and class space is not officially reserved until these fees are paid. Registration fees are non-refundable/non-transferable.

TUITION POLICES: Tuition is payable monthly in advance, due by the 1st of each month. Tuition is based on the number of classes per week and on a 9.5-month enrollment calendar (mid-Aug through end of May). Tuition remains the same whether it’s a long (5 week) or short (3 week) month and regardless of absences, vacations or holidays. A credit card must be provided for monthly auto payment. It is not mandatory that monthly tuition payment be made via credit card. However, if an alternate payment method is not received by the 8th of each month, Client gives BDS permission to charge the credit card on file for the full tuition and any other outstanding balance, unless alternate arrangements have been made and approved in writing by BDS management. In instances where a credit card is not provided, Balance Dance Studios will collect last month’s tuition, in addition to the first month’s tuition, and any applicable registration fees due at the time of registration or before the student’s first day of class. There are no refunds or adjustments due to absences. Tuition is non-refundable and non-transferable. Make-up classes are encouraged and should be taken within 30 days from when the absence occurs (only applicable during non-recital preparation windows). Statements are not emailed out, unless your account is past due. In order to terminate enrollment, written notification is required prior to the 1st of the month in which you wish to withdraw. Monthly billing will continue until Balance Dance Studios receives written notice. No exceptions will be made to this withdrawal policy.

Fall 2016 Tuition Rates, Fees and Discounts

Weekly Hours	Monthly Rate	Weekly Hours	Monthly Rate	Weekly Hours	Monthly Rate
*1	\$75	3	\$192	5	\$278
1.5	\$96	3.5	\$219	5.5	\$288
2	\$139	4	\$240	6	\$300
2.5	\$160	4.5	\$257		

All classes beyond 6 hours/week will be an incremental \$20/month (approximately \$5/class).
* 45 min classes will be charged at the 1- hour rate. **Sibling discounts will be applied to registration and tuition after the initial full paying sibling.

Registration Fees and Discounts	
Registration Fee (1 Dancer)	\$50
Sibling Registration Fee	\$10
**Sibling Tuition Discount	5%
Tuition Paid in Full	5%
Recital Costume Fee	\$65
Single/Family Recital Performance Fee	\$50/\$80

ADDITIONAL FEES: If tuition is not received by the 8th of the month, and client’s credit card on file is unable to be charged, a \$10 late fee will be charged in addition to the monthly tuition. A \$30 charge will be assessed on all checks returned by the bank.

- Select fall classes are designated “Holiday Show Classes.” Holiday show classes will be expected to attend dress rehearsal on December 9th and perform in the Holiday Showcase on December 11th (additional rehearsals TBA). The holiday show performance fee is \$100 per dancer or \$175 per family and may be paid in monthly installments (last payment on 12/1).
- Most enrollment classes are progressive and designed to participate in a May recital, as the weekly classes culminate into a group performance showcasing each dancer’s hard work. Students enrolled in a recital class are expected to perform in the recital which involves two fees: 1) costume fee due by November 15th, 2016 (\$65 per costume) and 2) performance fee of \$50 per student or \$80 per family, due February 15th 2017.

AUTHORIZATION OF EMERGENCY MEDICAL CARE: I hereby authorize the staff and director, representing Balance Dance Studios/Tapestry, to give consent for any and all necessary emergency medical care for me or any dancer I am enrolling with Balance Dance Studios/Tapestry, while in the custody of Balance Dance Studios’ or Tapestry personnel. I also hold Balance Dance Studios & Tapestry and any other BDS/TAPESTRY personnel harmless in such an event. Pertinent medical conditions my child(ren) has/have:

PHOTO/MEDIA/EMAIL RELEASE: I give Balance Dance Studios & Tapestry the absolute right and permission to use my child’s photograph(s) in its promotional materials and publicity efforts. I understand that the photograph(s) may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, Internet), or other form of promotion. I release Balance Dance Studios/Tapestry, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. Additionally, I will make no monetary or other claim against Balance Dance Studios & Tapestry for the use of the photograph(s)/video(s). Additionally, I am aware and consent to the use of password protected webcam online access to my child’s dance studio used only for the purposes of family viewing of dance sessions. Balance/Tapestry do not share clients’ personal information with any other company or organization outside of Balance Dance Studios’ or Tapestry owned entities. Balance Dance Studios & Tapestry uses client email address provided at the time of registration as a means to communicate important studio details, including but not limited to, studio closures, account related communication, studio related events and news. I provide Balance Dance Studios & Tapestry permission to utilize my email in the above-mentioned ways.

ASSUMPTION OF RISK, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT: I am aware that dancing, and the exercises associated with it, can place stress on the body, and carry with it the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume the risk and agree that Balance Dance Studios & Tapestry shall not be liable in any way for injuries sustained during attendance at Balance Dance Studios & Tapestry or any of its related functions. Student or Guardian/Parent of Student understand and acknowledge that Balance Dance Studios & Tapestry are not insurers of Student's behavior, actions or participation in the program/classes, and that Balance Dance Studios & Tapestry assume no liability whatsoever for personal injuries or property damages to Student or to third persons arising out of participation in the program activities, classes, or any activities related thereto. Student or Guardian/Parent hereby agree to release, waive, covenant not to sue, indemnify and hold harmless Balance Dance Studios/Tapestry, its owners/directors, teachers, employees, or the owners of the location at 4544 S Lamar Blvd, Austin, TX 78745 (Bldg. 200 & 300), from any and all liability, claims, demands, judgments, actions, executions and causes of action whatsoever. I UNDERSTAND THAT I AM WAIVING MY RIGHT TO TAKE LEGAL ACTION INCLUDING FILING A LAWSUIT FOR PERSONAL INJURIES TO MY CHILD(REN) AND/OR MYSELF.

Name of Student

Name of Parent/Guardian

Signature of Parent/Guardian Date