



Studio of Dance

(610) 494-4610

Mailing Address: P.O. Box 2127, Aston, PA 19014 ~ Location: 300 Turner Industrial Way, Aston, PA 19014

Email: paulklocke.dance@verizon.net

Website: www.paulklockdance.com

# Registration Information

Please complete both sides of this Registration Form and return it to the studio or mail to the mailing address listed at the top. Please call if you have any questions.

## Student Information (Please Print)

First/Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ (Male \_\_\_) (Female \_\_\_)

Health/Allergy concerns we should know about? \_\_\_\_\_

Mother First/Last \_\_\_\_\_ Father First/Last \_\_\_\_\_

If the information below is already correctly on file with us, check the box to the left, if the information below is partially correct (or you are not sure), please fill in only the fields that need to be corrected.

## Contact Information (Please Print)

Home Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Emergency Name \_\_\_\_\_

Mother Work Phone \_\_\_\_\_

Father Work Phone \_\_\_\_\_

Mother Cell Phone \_\_\_\_\_

Father Cell Phone \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## New Students

How did you hear about our studio? If you were referred, please provide the name of the person who referred you.

## Releases

### Photo Release

I accept that the studio often takes pictures and videos of the students in class and in performance and that these pictures may be used in studio displays and social media promotional materials. If I do not want pictures taken, I will obtain and retain a copy of the Studio's "No Photo Form" that must be signed by both a parent (and/or Guardian) and the Studio Director.

### Video/AudioTaping Release

In our building there are four dance studios. Each of our studios has a video/audio camera that records our classes. I accept that the tapes made are used by our staff for training and educational purposes and may be given to students to learn prior week's material. I accept that when entering any of our studios that any actions and conversations might be recorded by these cameras.

### Medical Release

I the Parent/Guardian of the student registrant agree that the registrant and I will abide by the rules of the Paul Klocke Studio of Dance ("PKSD"), and any of its affiliated organizations. I consent to the registrant's participation in the PKSD physical programs and activities ("PROGRAMS"). Recognizing the possibility of physical injury associated with the PROGRAMS, and in consideration for the PKSD accepting the registrant for its PROGRAMS, I hereby release, discharge, indemnify, and hold harmless the PKSD, its affiliated organizations, and their employees, teachers, and associated personnel from and against any and all claims by or on behalf of the registrant as a result of the registrant's participation in the PROGRAMS. In my absence, I also request PKSD, through its staff, to obtain emergency medical care in the event that such care is necessary or appropriate in the opinion of the staff for the benefit of my child due to accident or illness. I promise to pay any treatment costs directly to the hospital, physician, or laboratory providing such care upon presentation of the bill to me.

By signing this Registration Form I accept the three "Releases" stated above and agree to abide by the rules of the Paul Klocke Dance Studio.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Registered Classes

Year \_\_\_\_\_

**Please list classes:** (see [www.paulklockdance.com](http://www.paulklockdance.com) for Schedule and Rates) – Use another piece of paper if you need more room.

Kinderclass, Child 1, Child 2, and Jazz 2 students, please give an alternate class if possible in the event your first choice is not available.

## Classes

Student Name	Class Name/Day/Time	Alternate Name/Day/Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mark off which payment plan you are choosing.

Registration and first Monthly, Quarterly, or "Paid in Full" payment must be received to hold your place in class.

\_\_\_\_\_ **Cash, Check, or Credit Card**

No discount, Pay Quarterly, Registration \$35

Tuition Per Quarter \_\_\_\_\_

\_\_\_\_\_ **Monthly Auto Pay** *(please fill out Automatic Payment Authorization Form)*

5% discount, Pay Monthly, Registration \$25

Tuition Per Month \_\_\_\_\_

\_\_\_\_\_ **Full Year – Tuition Paid in Full**

10% discount, Pay Annually, Registration \$25

Tuition Per Year \_\_\_\_\_

**Tuition Paid in Full Note:** Families who wish to take advantage of our 10% Paid in Full Option – may either pay the entire Paid in Full amount when they register, or they may initially register under our monthly or quarterly plans and then convert to Paid in Full by October 15. In addition, Recital Costume Fees and Costs, which will be due later in the year, are not included in the Yearly Paid in Full Fees. If you would like them to be, you must let us know that you would like them to be added. Families would need to include a \$65 Recital Participation Fee and include \$75 for each costume that will be needed (we can help you calculate this). If the costumes are less than \$75, we will refund the difference.

\_\_\_\_\_ **I would like to include Costume and Recital Fees to my "Paid in Full" payment.**

Amount of Costume/Recital Fees to be added below \_\_\_\_\_

## Amounts

Amount Billed: Registration Fee \_\_\_\_\_ Tuition \_\_\_\_\_ Other \_\_\_\_\_ Total \_\_\_\_\_.

Amount Paid: Registration Fee \_\_\_\_\_ Tuition \_\_\_\_\_ Other \_\_\_\_\_ Total \_\_\_\_\_.

Mastercard, Visa - Accepted

Make Checks Payable to:  
Paul Klocke Dance

For Office Use			Fox		
Check #	Cash	CC	Entered	Billing	Payment