



SSDC 2017-18 Registration Form

Drop Off: 3730 Marietta Ave Columbia, PA 17512

Please complete one per dancer

Mail: PO Box 66 Silver Spring, PA 17575

Dancer's Information

Dancer's Name:	
Birth Date:	Age (as of 9/1/17):
School:	Grade:
Health Concerns/Restrictions:	

Billing Information

Primary Email Address:	
Student Email if applicable:	
Parent/Guardian 1:	
Address:	Phone:
Parent/Guardian 2:	
Address:	Phone:
Financially responsible party (if other than parents):	
Address:	Phone:

Class Information

Class	Day	Time

For office use only:		
Date received: _____	Registration fee paid: _____	Activity Fee: BO / P / FP
Email added: _____	QuickBooks added: _____	Roster added: _____
Forms & policies provided to responsible party: _____ Created/Memorized Invoice: _____		



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Agreements: Please read and initial each. Your initials are your agreement that you understand and will abide by the following SSDC policies and procedures.

I have read and agree to abide by SSDC's payment policy. I understand that tuition is due by no later than the 10th of each month.

I understand that full tuition is due even if dancer is absent from class due to illness or other activities. Classes are my responsibility to make up. (See instructor or director for optional classes)

I have read and agree to abide by SSDC's studio policies.

I have read and agree that my dancer will abide by SSDC's dress code.

I understand that there is a \$35 family registration fee for the 2017-18 season.

I understand that my monthly tuition payments will be \$_____ for this dancer.

I understand that there is a mandatory activity fee of \$50 per dancer that can be paid by participation in our fundraiser OR through a full or partial buy out. (Info will be distributed the first week of classes) Each dance student will be required to sell \$100. If you have multiple dancers in your family, you will be required to sell \$200.

I understand that teachers reserve the right to have prerequisites or instructor permission for certain classes.

I understand that classroom disruptions may signify that a child is not ready for dance class or enjoying class and these issues will be discussed with parents as needed.

I understand that email contact is critical in order to receive continuous communication with the studio.

I (choose one) DO or DO NOT give permission for my dancer's photo or video images to be used on SSDC printed materials, advertisements, websites, etc.

By signing my name below and submitting this form, I relieve SSDC, any staff, students, volunteers, board members and affiliates from lawsuits. I understand that the studio carries general liability insurance and other insurances required by law.

We are aware that accidents, injuries and other mishaps can occur despite all safety precautions. For the most part, ice packs and rest will suffice until a parent can be notified. In the event of a sudden injury or illness in the studio or during a performance, a teacher may feel that emergency medical care is necessary. We reserve the right to seek emergency medical treatment on behalf of our dance students if we feel it is warranted. By signing this waiver, you are giving us permission to call for medical help in case of emergency.

Responsible Party's Printed Name: _____

Signature: _____

Date: _____

Preferred hospital (if needed): _____