

# The Love of China School of Chinese Dance Registration Form

Name of Student (English) \_\_\_\_\_ (Chinese) \_\_\_\_\_

Student's Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  New Student  Returning Student

Name of Parents or Guardians (English) \_\_\_\_\_ (Chinese) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Mother's  Father's Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Emergency Name & Phone (Other than Parent) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Previous Dancing: Subject Studied \_\_\_\_\_ Years: \_\_\_\_\_ Where: \_\_\_\_\_

In consideration of the benefits of instruction provided by "The Love of China" School of Chinese Dance for my child, I, intending to be legally bound, do hereby enroll my child named above, in the program and do hereby waive claim and release finally "The Love of China" School of Chinese Dance, Emily Dedear, instructors and other personnel for claim or liability for any injury or accident occurring or arising from the instructional program or incidental sponsored activities either on or off premises.

I do authorize emergency first aid care to said student by the School in the event he/she becomes injured or ill during an instructional program or incidental sponsored activities either on or off premises. If the parents and/or guardians of the child are not immediately available at the telephone numbers provided in the agreement, I further authorize the School, Emily Dedear or such agents as she may authorize to retain the services of a doctor or other competent medical person in order to treat the said minor.

I do realize that said student and parents must comply with reasonable Rules and Regulations set by "The Love of China" School of Chinese Dance for the conduct of instructional programs and incidental activities either on or off the premises for the mutual benefit of all students concerned. We understand and approve that violations of said Rules and Regulations may be the basis for termination of this Agreement. Participation in programs, recitals, etc. will be based on attendance, attitude, ability and cooperation of the student.

I understand that my child may be photographed or videotaped by school staff or parent volunteers during any school activity, on or off the school campus. In addition, public media personnel may take such images at our public performances. I give my permission to release any photographs or video images of my child, taken during school activities, for use in promoting the school or its performances, as well as public media use. I understand that neither I nor my child will be entitled to compensation for the use of the images. Names or other identifying personal information will not be published by The Love of China unless a separate model release form is signed for the specific use. Public media personnel are governed by their own industry practices.

I understand that the said student is automatically enrolled for the **entire 10 months, August through May**. Notice of a drop must be given two weeks in advance to Emily Dedear. A word to the class coordinator or a friend is not acceptable. Failure to notify will result in continued tuition payments. **Tuition is due for the entire month in which the drop occurs. This rule is strictly enforced!!**

NO STATEMENT WILL BE MAILED. Tuition is due at the first class meeting of every month in advance. **If not paid by the second class meeting, a \$15.00 late fee will be assessed. Please put child's full name on your tuition payment.** If there are any questions or changes in reference to your account, please phone Emily at 512-248-0636 or e-mail her at [emily@theloveofchina.com](mailto:emily@theloveofchina.com).

In signing this application, I as a parent or guardian realize I am entering into a contract with The Love of China School of Dance, agreeing to familiarize myself with, abide by, and support the policies established and published by the school. I have read all school policies and agreements and agree to follow the procedures and be responsible for all incurred fees. This consent and authorization is to continue for the currently enrolled academic year unless sooner revoked in writing and delivered to Emily Dedear.

DATE \_\_\_\_\_ PARENT'S SIGNATURE \_\_\_\_\_

First and Last Month's Tuition	Registration Fee	Leotard Fee	Class Times
--------------------------------	------------------	-------------	-------------