



Registration forms must be completed and accompanied with the non-refundable Annual fee of \$30 per student (\$10 for additional family members).  
Dance Louisville Junior Academy reserves the right to close or cancel any classes due to lack of enrollment.

**Please submit a complete registration form for each student.**

### CONTACT INFORMATION

PRIMARY CONTACT NAME: \_\_\_\_\_ Relation to \_\_\_\_\_

Email : \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

SECONDARY CONTACT NAME: \_\_\_\_\_ Relation to \_\_\_\_\_

Email : \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

Name

Number

Relation

### STUDENT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ School: \_\_\_\_\_ Gender: \_\_\_\_\_

### CLASS ENROLLMENT

Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_

Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_

### TUITION PAYMENT PLANS

Annual Registration Fee \$30 \_\_\_\_\_ \$30

Additional Family Member \$10 \_\_\_\_\_

Class Tuition \_\_\_\_\_

Grand Total \_\_\_\_\_

#### Select a Payment Plan:

- Full Tuition (Any payment method)
- 2 Installments (August 12th & October 12th)
- Monthly (Billed on the 12th of each month)

### Policy Agreements

It is my understanding that the above student is enrolled in the entirety of the Fall semester. No refunds or deductions will be made unless for a medical reason with documentation from your doctor. Any changes to a student's account, may result in a processing fee.

Students with any delinquent accounts will not be allowed to attend classes until the account is fixed. Late payments, declined credit card payments and returned checks will incur an additional processing fee.

**Media Release:** I give my permission for photographs or video footage of myself, or my child to be used for promotional purposes on any of the following channels: tv, social media, radio, newspapers, or any other type of media.

**Medical Release:** On behalf of my child, I assume the risk and state that Dance Louisville Junior Academy and all personnel are not liable for injuries sustained during attendance on the premises. Permission is granted for emergency medical attention for myself or my child.

**I have read, understand, agree and acknowledge that I comply with all with all the above policies and releases of Dance Louisville Junior Academy.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

