

REVELUTION DANCE AFTER SCHOOL

2011-2012 Registration & Release Form

For Office Use Only:

Enroll Date _____

Reg Fee _____

Tuition _____

W/D date _____

Student Last Name _____ T-Shirt Size _____

Student First Name _____ Date of Birth _____ Age _____

School _____ Grade Level _____

School Address _____ Phone _____

School District _____ Dismissal Time _____

Parents or Guardian Name _____

Mailing Address _____

City _____ Zip _____ Email 1 _____

Home Phone _____ Email 2 _____

Mother's Cell Phone _____ Father's Cell Phone _____

Emergency Contact Name/Number _____

Allergies/Medical Conditions:

REGISTRATION

There will be a 85.00 registration fee per child. All students will receive an RPAC shirt and decal with registration. In addition, your child will need black jazz shoes, which are available in the RPAC lobby, or at local dance stores.

TUITION

Tuition is 75.00 per week for standard, non-holiday weeks of school. A 10.00 service charge will be applied if staff is not informed that the child will be absent by 1:00pm that day. Pick up is at 6:00 p.m., unless your child is going in to additional RPAC classes. Please do not be late as there will not be staff available to watch your child past this time. Included with tuition, your child will receive one dance class per day. Please make sure that the proper dance attire for the classes are brought each day. Your child will participate in the end of year recital; costume fee is \$75.00 and will be due in two payments with 1/2 due October 3 and the balance due by November 1, 2011. All studio costumes will be ordered prior to leaving for Winter Break, to avoid Costume Company mark-up an additional \$20.00 will be added to costumes not paid in full by November 15, 2011.

Staff Cell Phone Numbers: Robin 713.304.2300, Jana 832.498.2790, Becky 832.675.1272

The undersigned agrees that RPAC or their agents will not be held responsible for claims of personal injury by me or by my child while participating in activities relating to RPAC. It is further agreed that I am solely responsible for any medical cost resulting from personal injury. I authorize any RPAC acting agent over age 18 to administer proper attention in case of emergency. I give RPAC permission to use my child's likeness and name(s) for RPAC advertising, publicity, or publication. **I agree to give RPAC 30 days written notice prior to withdrawing from any RPAC classes or I am responsible for payment.** I agree to these terms and willingly enroll my child at RPAC.

Parent/Guardian Signature _____ Date _____