



7304 Lakewood Drive West, Ste. 21  
 Lakewood, WA 98498  
 (253) 455-3900  
 www.admin@pugetsounddance.org  
 www.pugetsounddance.org

**REGISTRATION**      Year \_\_\_\_\_  First Semester    Second Semester      Date   /   /

**Please complete both sides of this form, sign, date and enclose payment to ensure class placement**

Student's Name _____	Age _____	Birth date _____
Home Address _____	Home Phone _____	
City/State/Zip _____	Student's E-mail _____	
Please detail any accommodation required by the student. _____	Student's Academic School _____	Grade _____
Years of dance study _____	Type of Dance _____	Previous Dance Instructors _____

Father's Name _____			Mother's Name _____		
Address _____		<input type="checkbox"/> same as student	Address _____		<input type="checkbox"/> same as student
City/State/Zip _____			City/State/Zip _____		
Home Phone _____	Work Phone _____	Cell Phone _____	Home Phone _____	Work Phone _____	Cell Phone _____
E-mail _____			E-mail _____		
Employer/Profession _____			Employer/Profession _____		
Does your employer(s) participate in Community Funds, Employer Matching Donation or Community Service programs?					<input type="checkbox"/> Yes <input type="checkbox"/> No

**Adult responsible for paying tuition (signature required on back page):**

Name _____	Relationship if not Parent _____	Phone Number _____
Address _____		City/State/Zip _____

**If parent is unavailable, person to contact in event of emergency:**

Name _____	Phone number _____
Address _____	
City/State/Zip _____	Relationship to student _____

Preferred Medical Provider \_\_\_\_\_

Registration Fee is required with form; see Fee Schedule.  
 To enroll, check all classes and indicate levels below:

Creative Movement	Jazz Level	Beg	Int	Adv	
Pre Ballet	Modern	Beg	Int	Adv	
Ballet Level	Tap	Beg	Int	Adv	
Pointe	_____	Beg	Int	Adv	
Flamenco	_____	Beg	Int	Adv	
Hip Hop	_____	Beg	Int	Adv	

Please make checks payable to: Puget Sound Dance Academy

Payment	
Payment in Full	Monthly Installments
Non-Refundable Registration Fee	\$ <u>20.00</u>
Tuition Amount	\$ _____
Received _____ / _____ / _____	\$ _____
Check # _____	Credit Card

## Tuition Policies

*Tuition Policies for Puget Sound Dance Academy must be read and agreed to upon acceptance into the School.*

1. Enrollment into the school is on a semester/session basis only.
2. Tuition may be paid in equal monthly installments only upon approval by the PSDA office. Each semester consists of 18 weeks with semester tuition divided into 5 equal monthly installments due the first day of each month.
3. PSDA does not send out monthly invoices. Installments payments are due the first day of each month. A \$20.00 late fee is assessed for installments received after the 5th day of the month.
4. Students who miss classes or who withdraw before the end of the semester/session are obligated to pay the full semester/session's tuition.
5. No refunds are issued for missed classes, even due to illness.
6. Make-up classes are available to students enrolled in the semester/session program. Make-up classes are not offered during Visitors Days.
7. A placement class fee is collected for students auditioning into the school.
8. A non-refundable Registration Fee is due prior to the first day of Fall Semester classes.
9. Upon payment of registration fee and class placement assignment, the student has "purchased" a place in the school and only written notice prior to the commencement of that semester/session will eliminate tuition obligation.
10. Student owes the entire semester/session tuition unless:
  - a) Withdrawal from class prior to commencement date of the semester/session.
  - b) Withdrawal is due to prolonged illness or injury and is certified by a doctor's written statement. The last payment due is the full monthly installment for the month in which written notification of withdrawal and doctor's statement is received.
  - c) Student relocates outside of commuting distance from PSDA. In this case, the office needs a 30-day written notice of intention to withdraw. The last payment due is the full monthly installment for the month at the end of the 30-day notice or last class attended, whichever is later.
11. Students with accounts more than 2 months in arrears during the semester/session may not be eligible to perform in school programs
12. All accounts must be paid in full within 20 days of the close of each semester/session.
13. A \$20.00 fee is due for returned checks.
14. If a class is canceled due to lack of enrollment, PSDA will allow transfer to another appropriate class or release the student from tuition obligation.

### Tuition Policies Acceptance

**I have read and I accept the policies as listed above. I understand that I am responsible for the full tuition due for the semester/session for which I am registering and with PSDA's permission I may pay the full semester tuition in equal monthly installments.**

\_\_\_\_\_  
Signature of Person Responsible for Paying Tuition      Date

## Puget Sound Dance Academy

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## Releases and Authorizations

### Release of Liability

I waive all rights and release all claims that might be had against the Puget Sound Dance Academy, henceforth referred to as the Academy, its hired or contracted instructors, and their employees and agents, for any and all injuries or losses which may be suffered because of my participation or my child/children's participation in any or all enrolled activities with the school, in consideration of permission of the school to participate in the activities. I also realize that dance requires hands-on instruction for proper body placement and development of the muscles.

### Release of Image and Information

I give my permission to have my photograph or the photograph of my child/children, taken during activities, used for publicity purposes by the school. I consent to the use of my name, image, or voice, of those of my child/children, in any publicity contracted or used by the school. I give my permission to have my name, name of my child/children and address to be published in a school directory; phone numbers will be published with your permission.

### Emergency Treatment Authorization

I consent to my child/children's participation in activities/programs registered for, and authorize the school and its employees or agents to provide or secure emergency medical treatment for me or my child/children on my behalf.

\_\_\_\_\_  
Authorized Signature of Parent/Guardian/Adult Student      Date

## Demographic Information

*This questionnaire is optional and to be used for grant applications and funding sources only. Demographic data is kept strictly confidential.*

### Information About the Dancer:

Gender & Age:

- Female       Male  
 3-5    6-8    9-12    13-15    16-17    18+

How many years of dance training?

- 1-2    3-4    4-5    6+

Ethnicity:

- Black    Asian    Caucasian    Hispanic  
 Native American    Pacific Islander    Multiple  
 Other \_\_\_\_\_

Who first suggested dance classes for your child?

- Mother    Father    Friend    Other \_\_\_\_\_

How did you hear about the Puget Sound Dance Academy?

- Friend    Facebook    Website    Walk-in  
 Discount Offer    Attended a Performance or Event  
 Other \_\_\_\_\_

### Information About Dancer's Family:

Location of Residence:

- Lakewood    Tacoma    Steilacoom    DuPont  
 Spanaway    Other \_\_\_\_\_

Annual Household Income:

- Single Income       Dual Income  
 Less than \$25,000  
 \$25,000-50,000  
 \$50,000-75,000  
 \$75,000-100,000  
 \$100,000-150,000  
 \$150,000+

Is the family associated with a local military base?

- No       Yes, \_\_\_\_\_

Please take time to share your thoughts about PSDA on another sheet of paper. We appreciate hearing your comments and suggestions.