



**Kinetics Dance Theatre**  
**School of Contemporary Dance**  
**Session Registration Form 2018-2019**

**RESPONSIBLE PARTY INFORMATION**

Parent/Guardian #1: \_\_\_\_\_ Parent/Guardian #2: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Occupation(s): \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**STUDENT #1 INFORMATION**

Student Name:	DOB:	Age:	Grade (if under 18):
Medical Conditions/Allergies:			

**STUDENT #2 INFORMATION**

Student Name:	DOB:	Age:	Grade (if under 18):
Medical Conditions/Allergies:			

**STUDENT #3 INFORMATION**

Student Name:	DOB:	Age:	Grade (if under 18):
Medical Conditions/Allergies:			

**TUITION AGREEMENT**

I will take financial responsibility for my tuition payment to Kinetics Dance Theatre. I understand that tuition is due upon registration. I agree to notify the front desk in writing at least two weeks prior to withdrawing from a class in order to receive a refund for any pre-paid tuition. Initial: \_\_\_\_\_

**WAIVER**

I, \_\_\_\_\_, exempt and release Kinetics Dance Theatre, Inc., its Board, Staff, and Independent Contractors from any and all liability, claims, demands, actions or causes of action whatsoever arising out of any loss or injury to the Student or the Student's property while upon the premises of Kinetics Dance Theatre, Inc., or while engaged in travel to or from Kinetics Dance Theatre, or while engaged in any Kinetics Dance Theatre, Inc. events on off-site premises.

**STUDENT/PARENT CONSENT AND RESPONSIBILITIES**

- Kinetics Dance Theatre will not be responsible for administering medications to the students.
- I give permission for the above student(s) to be photographed, interviewed or videotaped while attending Kinetics Dance Theatre for possible use in marketing.

Yes \_\_\_\_\_ No \_\_\_\_\_

- I approve of the above students' enrollment in Kinetics dance classes and understand that they must follow appropriate student behavior in order to participate. I understand that appropriate dress is required for all dance classes including footwear and all hair must be pulled back away from the face. I also understand that Kinetics Dance Theatre is not responsible for any personal belongings left in the studio.
- I certify that the above information is true and correct to the best of my knowledge. I understand that it is my responsibility to notify Kinetics of any changes in the information in this registration.

Signature (or parent/guardian if under 18): \_\_\_\_\_ Date: \_\_\_\_\_



**Kinetics Dance Theatre**  
**School of Contemporary Dance**  
**Session Enrollment Form**  
**2018-2019**  
*For any class highlighted in blue*

**Session Dates:**

Fall 1:	7-week session	Sept. 8th, 2018 thru Oct. 26th 2018
Fall 2:	6-week session	Oct. 27th, 2018 thru Dec. 14th, 2018
Winter:	8-week session	Jan. 7th, 2019 thru Mar. 2nd, 2019
Spring:	10-week session	Mar. 11th, 2019 thru May 25th, 2019
Summer:	11-week session	Jun. 10th, 2019 thru Aug. 24th, 2019

Tuition Rates		
Session	0.75 - 1hr class	1.25 hr class
Fall 1	\$84	\$91
Fall 2	\$72	\$78
*Fall 1 & 2	\$148	\$161
Winter	\$96	\$104
Spring	\$120	\$130
*Winter & Spring	\$205	\$222
Summer	\$110	\$130

**Observed Holidays**

Thanksgiving Break: Monday, November 19th thru Sunday, November 25th

Spring Break: Monday, April 15th thru Sunday, April 21st

**\*Discount:** Register for 2 sessions and receive a 5% discount

0.75 = 45 minutes

Day/Time	Class Name	Length	Session(s)	Tuition Rate (See Above)
<b>Total Tuition</b>				

For Staff Use Only				
Form of Payment Received and Date	Credit Card Type	Ck #	Desk Worker Initials	Entered Into SD & CC/ Date Entered