

\_\_\_ New  
 \_\_\_ Returning

# AMBER'S HOUSE OF DANCE, INC

## REGISTRATION FORM 2024-2025

(Complete one Registration Form per student. PRINT CLEARLY)

<b>Student Name:</b> (last) (first)	<b>Primary Parent/ Guardian Name</b>	
The Primary Parent/Guardian is used to register the account in our dance system.		
<b>Birthday (mm/dd/yy)</b>	<b>Address:</b>	
<b>Age (today's age):</b>	<b>City/State/Zip:</b>	
<b>School/Preschool Name:</b>	<b>2024-25 Grade</b>	<b>Email Address:</b>
<b>Student Cell Phone:</b>	<b>Cell Phone:</b>	<b>Cell Phone Carrier:</b>
<b>Emergency contact (other than parent or guardian)</b>		<b>Phone #</b>
List any medical conditions of student HOD should be aware of:		

### SELECT CLASSES BELOW - (All Classes below are 1 hour per week unless otherwise noted)

Pre Kindergarten	Kindergarten & First Grade	2 <sup>nd</sup> Grade & Up
___ Mommy & Me <i>45 Mins</i> Needs to be 2 by 8/31/24 ___ Baby Cakes I (Beginner) <i>45 Mins</i> ___ Tumbling/Acro I Needs to be 3 by 8/31/24 ___ Baby Cakes II (Intermediate) ___ Tumbling/Acro II Needs to be 3 by 8/31/24	___ Tap/Ballet Combination I (needs be 5 by 08/31/24 or Kindergarten) ___ Tap/Ballet Combination II (First grade) <i>1 hr &amp; 15 minutes</i> ___ Acro/Gymnastics*	___ Jazz ___ Ballet ___ Tap ___ Clogging ___ Hip-Hop ___ Lyrical (3 <sup>th</sup> & Up) ___ Contemporary (3 <sup>th</sup> & Up) ___ Acro/Gymnastics* ___ Technique  ___ Competition Team

\*\*\*\*\*Acro/Gymnastics & Technique: Non-performing at end of year recital \*\*\*\*\*

Class Day/Times					
Please fill in the earliest time student is available each day of the week and list any conflicts you are aware of.					
	Monday	Tuesday	Wednesday	Thursday	Friday
Earliest Time Available					
Conflict by Day/Time					

We do try to accommodate individual schedules if at all possible

Tuition	
Total # Hrs per Week	Cost Per Month
45 Minutes	\$75
1 Hour	\$80
1 Hr 15 Mins	\$95
1 Hr 30 Mins	\$110
2 Hrs	\$145
3 Hrs	\$200
4 Hrs	\$225
(Call studio for additional information)	

\*\*\*\*\*FOR OFFICE USE ONLY.....DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

	Day	Time	Class	Instructor	Hours
1 <sup>st</sup>					
2 <sup>nd</sup>					
3 <sup>rd</sup>					
4 <sup>th</sup>					
5 <sup>th</sup>					
6 <sup>th</sup>					

**Registration Fee and May 2025 Tuition  
MUST Accompany This Form**

**Registration Fee (required)**                      \$ 40.00

**Monthly (May '25) Tuition (required)**                      \$

**September Tuition (Due 9/10/24)**                      \$

**Costume Deposit**                      \$  
 (\$55 Due 10/15/24)

**Total Amount Due**                      \$

<b>Total Amount Paid</b>	
___ Check ___ Cash ___ Credit Card ___ ACH Check	
# _____ Amount \$ _____ Name _____	
___ Check ___ Cash ___ Credit Card ___ ACH Check	
# _____ Amount \$ _____ Name _____	

OVER ->

**INITIAL – 11 ITEMS BELOW – ( Please carefully read items below, then initial blocks and sign/date form)**

<b>1</b>	I understand my Registration Fee is <b>non-refundable and May '25 tuition is non-refundable after 9/20/24.</b>
<b>2</b>	I acknowledge I am fully responsible for all dance fees throughout the year and for all costumes fees for any class(es) dropped after 11/1/24.
<b>3</b>	I acknowledge the Add/Drop/Withdraw Class Form will need to be filled out and returned to AHOD for any changes to the dancer's schedule or tuition change. No tuition will be changed until form is received
<b>4</b>	I understand dance tuition is due on the 1st day of each month ( <b>beginning 9/1/24</b> and continuing until <b>4/1/25</b> ; \$20 late fee is <b>added after</b> the 5 <sup>th</sup> of each month; any continuing outstanding balances will have an <u>additional</u> <b>\$25</b> late fee added to each month tuition continues to be past due and <b>ALL</b> accounts must be paid in full by <b>5/1/25</b> .
<b>5</b>	I understand there is a \$55 costume deposit (per performing class) due 10/15/24 with a \$15 late fee on 10/16/24. I understand costume balances will be mailed in January and due by 2/15/25. A \$15 late fee will be added on 2/16/25.
<b>6</b>	I understand student <b>will not</b> be allowed to continue to dance if tuition is <b>TWO</b> months past due.
<b>7</b>	I understand there is a \$100 recital fee (which includes recital t-shirt, media package, partial payment to ABSS of auditorium rental, security, lighting/sound technicians, janitorial staff) due on/or before <b>4/15/25</b> . Fee may be broken down in \$25 increment payments and paid throughout the year, but must be paid in full by <b>5/1/25</b> . A \$15 late fee will be added 5/2/25.
<b>8</b>	I understand there will be a \$40 charge for the 1 <sup>st</sup> returned check; <b>\$45 for additional ones.</b>
<b>9</b>	I understand <b>the last week of dance class(es) before recital and dress rehearsal is MANDATORY (tardiness will not be permitted for either)</b> and if a dancer misses either, dancer will not be permitted to perform in the recital, no exceptions.
<b>10</b>	In connection with the registration of the student named above for class(es) to be conducted by Amber's House of Dance, Inc., and in consideration of your enrollment of said child in such class(es), I the undersigned parent, acknowledge that I have been informed fully on the instruction and other activities to be offered to said child and consent thereto; represent that said child is in good health and physically fit and capable of participation in class activities to be offered by this studio; acknowledge the risks and hazards of physical injury inherent in training and performing and hereby assume all such risks and hazards; and I hereby release, waive and agree not to assert against Amber's House of Dance, Inc., it's directors, teachers, officers, agents, or employees, any claim for injury to said child in consequence of or incident to such training; recital or other activities at Amber's House of Dance, Inc.
<b>11</b>	Permission is given to use my child's picture in future advertisement, literature, or in any web content for Amber's House of Dance events sponsored and conducted by them.
<b>12</b>	<p style="text-align: center;"><b>Sickness Guidelines &amp; Waiver</b></p> <p style="text-align: center;"><i>PLEASE DO NOT SEND YOUR CHILD TO DANCE IF SHE HAS OR HAS HAD:</i></p> <ul style="list-style-type: none"> <li>• Any of the "typical" COVID symptoms. We ask that you keep them home to watch for other symptoms to develop</li> <li>• Fever over 99.5 within the last 24 hours (must be fever free without medication)</li> <li>• Vomiting or diarrhea in the last 24 hours</li> <li>• Continuous coughing not relieved with cough medicine</li> <li>• Sore throat, Headaches, Shortness of breath</li> <li>• Loss of taste or smell/loss of appetite</li> <li>• Please remember to notify the studio of any contagious illness via email.</li> <li>• If multiple "COVID" symptoms are present, we suggest you obtain a negative test before returning to dance</li> </ul> <p style="text-align: center;"><i>WAIVER AND RELEASE OF ALL CLAIMS:</i></p> <p>As additional consideration for the student's instruction, the undersigned parent(s) or guardian(s) of the student hereby releases and waives any and all claims against Amber's House of Dance, Inc. and all of its employees, contractors, and volunteers for any liability including but not limited to personal and bodily injuries (including death), from the contraction of COVID-19. The undersigned represents that the student is in good health and does not have any history of medical or physical condition that would place the student at risk because of her condition. The undersigned further acknowledges that the student's instruction involves physical exercise and physical stress that could result in physical injury of the student, that the student's participation is voluntary, and that the undersigned accepts all risks arising therefrom</p>

**By signing below, parent/guardian assumes full financial responsibility for all tuition and fees, and agrees to read and abide by all studio & payment policies and sickness guidelines & waiver.**

Signature:

Date: