



Miracle Dance Theatre

Academic 2009-2010

4970 Delhi Ave. Cincinnati, OH 45238

513.921.0700 / 513.921.8111 Fax

www.miracledance.com

READ AND COMPLETE THIS FORM TO GUARENTEE ENROLLMENT.

CONTACTS Please complete the contact information below.

Mother Name _____

Father Name _____

Last Name _____

Home Phone _____

Address _____

City, State Zip _____

Mother Cell _____

Father Cell _____

Mother Work _____

Father Work _____

EMAIL The studio uses two main forms of communication, email and our website. The studio emails weekly updates and posts information on our website often. It is very important that you provide us with an email address you check often.

Email #1 _____

Email #2 _____

PAYMENT Indicate method of payment. **IMPORTANT:** If you have to withdrawal for any reason, you must complete a Withdrawal Form and return it to the studio by the first of the month to avoid being charged additional tuition and late charges.

____ **Monthly Auto Pay** Registration fees due upon enrollment. September tuition charged first class of the session. Monthly tuition charged the first day of the month. To enroll, please include your credit card information below.

____ **Visa/MC #** _____ **Exp. Date** _____

____ **Monthly Manual Pay** Registration fees and a deposit of one months tuition due upon enrollment. First months tuition due on first class of the session. Monthly tuition payments are due the first of each month. Accounts not paid by the 10th of the month will receive a \$15 late fee. Your deposit will be credited toward your last months tuition. SS# or License number required.

____ **SS or License # *** _____ **State Issued** _____

____ **Annual** Registration fees due upon enrollment. Full years tuition minus 10% is due on the first class.

WAIVER OF LIABILITY STATEMENT & PERMISSION FOR TREATMENT

I, the undersigned parent or legal guardian of the student(s) herein, do hereby give permission for the aforementioned students to participate in any and all classes and/or events offered by or attended by the Miracle Dance Theatre, Inc, hereafter referred to as MDT. I accept all risks associated with that participation and understand that there is a full possibility of serious physical injury or death. I hereby covenant not to sue and waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against MDT and its owners, employees and/or other assigned representatives or volunteers from any and all liability and for any and all damages and/or injuries which may be sustained or suffered by the student(s) while participating at or for MDT. Furthermore, I certify that I have medical insurance on the student(s) listed herein and will maintain continuous medical coverage while he/she dances at MDT. I also authorize MDT and its owners, employees, directors, etc. to use standard first aid procedures on the student(s) listed below and consent to any other medical procedure deemed necessary in the case of an emergency. Additionally, I certify that I personally and/or my medical insurance carrier will be responsible for all expenses which are incurred in relation to any injury sustained during any MDT related activity including but not limited to classes, competitions, shows, etc.

RULES & REGULATIONS

I have read, understand and will abide by all general rules and regulations that are set forth by MDT, its owners, employees and directors and any additional rules or requirements as set forth throughout the year. A complete copy of rules and regulations are available at the studio. As primary contact, I agree to make all payment by their assigned due date. Furthermore, I hereby give my permission to MDT to use photographs and/or videos of the student(s) listed above as deemed appropriate for the promotion of MDT.

COSTUME CHARGES

Students participating in the Annual Showcase will need to purchase one costume per class with an average cost of \$60 a costume. Costumes will be charged to your account on November 1st and must be paid with your December tuition. If you are on Auto-Pay, you will be automatically charged for costumes on December 1st. Costumes will not be ordered for accounts who do not pay these fees. A \$15 late fee will be added to accounts who pay late.

Primary Contact's Signature _____ Date _____

STUDENT INFORMATION

Fill in student information in the boxes below. For Debut classes, please indicate a second choice in case first choice of class is full. In the case your first choice is not available, you will be placed on a waiting list and may move if a spot becomes available. Grade refers to the current school year. Don't forget there is a one time registration fee per child.

STUDENT 1

Name * _____ Date of Birth * _____

School * _____ Grade * _____

Medical Info _____

Class	Day	Time

STUDENT 2

Name * _____ Date of Birth * _____

School * _____ Grade * _____

Medical Info _____

Class	Day	Time

STUDENT 3

Name * _____ Date of Birth * _____

School * _____ Grade * _____

Medical Info _____

Class	Day	Time

FOR OUR RECORDS Please tell us how you found out about the Miracle Dance Theatre.

Yellow Pages
 News Paper
 Studio Web Site
 Drive-by
 Delhi Day Camp
 Festival
 Referral Who? _____
 Other _____

FOR USE BY OFFICE ONLY!!

Date Registered: ___/___/___ Registered By: _____

Amount Paid: _____ Payment Type: Cash Check # _____ MC / Visa (confirm # _____)