

The Pointe

DANCE STUDIO

_____ Class
_____ Tuition

Name _____ Age _____ Date of Birth _____

Grade _____ School currently attending _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

In case of an emergency if you cannot be reached whom may we contact?

Name _____ Phone _____

Previous dance experience: (Circle one) Yes No How many years and where? _____

Please list any medical conditions or physical limitations we should be aware of:

We at the Pointe Dance Studio are committed to providing only quality, professional instruction to our students. We reserve the exclusive right to place students in the classes and levels we feel will be the most beneficial to their physical ability and mental well-being. I understand that their decision in this matter is final. I understand that dance is a highly physical activity in which my child could become injured. I understand that The Pointe Dance Studio and its instructors or any representative of the studio is not responsible for any injury that may occur while on the studio's premises during normal class, performance, or rehearsal activity or to or from the studio or performance area. I furthermore authorize The Pointe Dance Studio to seek medical attention for my child in the unlikely event of an accident or emergency.

Parent/Guardian Signature _____ Date _____

Print Name _____

During the course of our season photos of your child and their class may be taken during class or performances. These photos may be used for publicity for the studio in either newspaper ads or may appear on our website. We take our students safety very seriously and will never include names when displaying photos publicly. However, you may opt to not have your child's photo displayed publicly by initialing the appropriate box below.

_____ I authorize The Pointe Dance Studio to use photo's of my child for advertising/promotional display. I understand that these photos are the property of The Pointe Dance Studio and may be used several times during the year for above stated purposes.

_____ I decline to allow The Pointe Dance Studio to use photo's of my child for advertising/promotional display.

Studio Policies

1. Please observe your child's progress through our viewing windows, as it is distracting to students and instructors to have parents inside the studios.
2. Please be on time for all classes. Students who arrive more than ten minutes late will not be allowed to participate unless prior arrangements have been made.
3. Please pick up your children on time. Children waiting for rides must wait inside the studio.
4. No food or drinks will be allowed in the studio.
5. No gum during class as it is dangerous and disrespectful.
6. Keep jewelry to a minimum during class participation. The studio cannot be responsible for lost or stolen items.
7. Please keep younger siblings under control while observing classes. Remember they are your responsibility while at the studio.
8. The studio reserves the right to cancel classes that have less than four students and move those students enrolled to other available classes.
9. If your child misses three classes in a row, they will be automatically dropped from our rolls. Please call the office if your child must miss class. We do not pro-rate for missed classes. Make-up classes are available for those who wish to make-up missed classes.
10. Please wear the appropriate attire for each class. Hair must be pulled back off the face and in a bun for all ballet classes.
11. No students or parents should be in the office without an instructor.
12. We reserve the right to expel any student who does not comply with these rules or demonstrates inappropriate behavior towards instructors, students, or parents.

Parent/Guardian Signature _____ Date _____