

**CORA SCHOOL FOR DANCE REGISTRATION FORM 2016-2017**

To register for classes, fill out this form and return by mail or in person with \$20 (minimum required, covers registration fee; cash, check or credit accepted) to: **Cora Dance, 72 Van Dyke St. Brooklyn, NY 11231**. Receipt of fee with completed registration form secures your spot in a class for the entire year. YOUR SPOT IS NOT SECURE UNTIL WE RECEIVE THE REGISTRATION FORM AND ENROLLMENT FEE. **You may also register by calling the office at 718-858-2520.**

**STUDENT/FAMILY INFORMATION**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian # 1 Name (primary contact): \_\_\_\_\_

Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian # 2 Name (if applicable): \_\_\_\_\_

Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Mailing/Billing Address: \_\_\_\_\_

**List 2 additional contacts who have permission to pick up your child or be contacted in an emergency if parents are unreachable:**

Name \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Notes (allergies, injuries, special needs/services): \_\_\_\_\_

Does your child use medication/inhaler? Y / N If yes: "I will provide medication and authorize Cora Dance to use it if necessary"  (Initial here)

School Child Attends: \_\_\_\_\_

**CLASS ENROLLMENT INFORMATION:** Please list all classes in which the student is registering. List additional classes on the back:

Class Name: \_\_\_\_\_ Class Name: \_\_\_\_\_ Class Name: \_\_\_\_\_

Class Day/Time: \_\_\_\_\_ Class Day/Time: \_\_\_\_\_ Class Day/Time: \_\_\_\_\_

Walkover Option:  Walkover Option:  Walkover Option:

**FOR WALKOVER STUDENTS ONLY:** Classroom Teacher's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Rm# \_\_\_\_\_

"I give my child permission to have snack that is provided by Cora."  (Initial here)

**FEES AND TUITION:**

\$20 REGISTRATION FEE: (Due at registration): Received on: \_\_\_\_/\_\_\_\_/\_\_\_\_ FORM OF PAYMENT: \_\_\_\_\_

\$860 CLASS TUITION X \_\_\_\_ CLASSES + \$120 WALKOVER X \_\_\_\_ CLASSES: TOTAL SUGGESTED TUITION DUE: \_\_\_\_\_

Cora believes that outstanding arts program should be accessible to ALL interested families regardless of ability to pay. We operate on the honor policy. If you can pay our suggested rates, we ask that you do. If your family is not able to pay the suggested tuition, we allow you to name a tuition rate that you can afford. No proof of income is required, and no one is turned away based on what she/he can afford. Please list your tuition pledge below, and that will be the tuition we anticipate from your family.

TOTAL TUITION PLEDGE: \_\_\_\_\_ NOTES: \_\_\_\_\_

There are no refunds after the third week of classes. There are no refunds for classes that a student misses due to illness, injury or other outside activities, conflicts or emergencies.

**DANCEWEAR NEED:** If you are unable to provide dancewear for your child, Cora can provide a set of clothes that will be kept at the Cora studio. Please see dancewear guidelines in the parent handbook.

Class Needed: \_\_\_\_\_ Shoe size: \_\_\_\_\_ Top size: \_\_\_\_\_ Pant size: \_\_\_\_\_

**ASSUMPTION OF RISK, STUDENT RELEASE, AND GENERAL UNDERSTANDING:** By signing below, the signer agrees to the following:

"I pledge to pay the total tuition amount listed above for one year of classes at Cora. I know that Cora factors my pledge into the studio's operating budget and I am responsible for immediately notifying the staff if I am unable to fulfill this pledge. (For this reason it is better to pledge LESS and be certain of what I can give than to over-pledge.)"

"I read and understand the Cora School for Dance's policies and guidelines presented in the Parent Handbook. I agree to abide by the policies set forth in these documents."

"In consideration of the services provided by Cora and all persons or entities acting in any capacity on Cora's behalf, I agree to hold harmless Cora, Inc. on behalf of myself, my children and all those I represent as follows: 1) I understand that dance and movement classes are physical activities and involve some risk. I understand that such risks cannot be eliminated entirely without jeopardizing the essential qualities of the activity itself. I agree to hold Cora, Inc. harmless from any and all claims, demands, or causes of action, which are in any way connected with participation in this activity. 2) I understand that though I may have notified a teacher, staff member, or other Cora, Inc. representative of a pre-existing condition (injury, allergy, etc.) that Cora, Inc. and all those working on behalf of Cora, Inc. are not responsible should the condition worsen during time spent with Cora, Inc. Should an injury or illness occur or worsen while participating in activities with Cora, Inc., I agree to bear the costs for treatment."

"I give Cora, Inc. permission to record video and take photographs of myself and my child and that these recordings and images may be used in promotional materials (website, brochures, fliers, social media, etc) related to activities taking place with Cora, Inc."

**I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. I have had sufficient opportunity to read this form. I understand it and I agree to be bound by its terms.**

Student's Name (please print): \_\_\_\_\_

Student's (Parent/Guardian's) Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_