

## SYNERGY DANCE STUDIO

### To register for the 2011-12 Session:

1. Please fill out a new registration form. One for each student that you are enrolling. Be sure to include all phone numbers and an email address! All forms must be signed.
2. See guidelines below or ask the teacher for appropriate class placement. Placement is made by age and ability.
3. Keep this page and a copy of the schedule for make up lessons. Check online at [www.synergydancestudio.com](http://www.synergydancestudio.com) for the most accurate schedules.
4. Pay a \$35/child or \$45/family registration fee and a one month tuition deposit to secure your place. Drop the form, registration and tuition deposit or credit card authorization form in the drop box or mail to 3267 Bee Cave Rd Suite 107-95, Austin, TX 78746. We will email confirmation. (Tuition deposit covers 1/2 Aug and 1/2 June or is applied to 1<sup>st</sup> and last month.)
5. See fee scale below

#### General Guidelines:

**Combo 2-3 yrs** is for students who are 2 by August or young 3s.

**Combo 3-4 yrs** is for students with one full year of experience or students turning 3 by June 1.

**Combo 4-5 yrs** is for students with a minimum of one year experience or students turning 4 by June 1.

**Combo 5 yrs** is for students entering kindergarten who are not ready for an hour and a half class.

**Level 1** is for students who are age 6 by August or have completed combo 4-5 yrs or combo 5 yrs.

**Level 1+** is for students who have completed Level 1 or are age 8 or older.

**Level 2** and up require teacher placement. Feel free to "try" a class.

**SDC Company classes** are for students who desire a greater commitment and extra opportunities to perform and compete. In addition to our Dec and June performances they participate in the "Trail of Lights", a dance convention & a competition. They are for ages 6 years and older with a minimum of one-year experience. These classes meet twice weekly and attendance Aug-June is required.

#### **2011-12 Calendar of Events**

August 15	Fall 2011 Session Begins
September 3-5	Closed Holiday
Sept 26-Oct 1	Bring a Friend Week
October 1	*\$55 December performance fee due/\$40 for additional siblings (includes \$20 costume and \$35 performance fee)
November 23-26	Closed Holiday
December 1	*\$60/child \$65/adult June costume fee due
TBA	December performance
TBA	2 -3 yr. olds perform in class
Dec 18-Jan 3	Closed Winter Break
January 30-Feb 4	Bring a Friend Week
March 12-17	Closed Spring Break
April 1	Pre-register current students
April 6-8	Closed Holiday
May 1	*\$55/\$85 family June performance fee due
May 26-28	Closed Holiday
June TBA	2-3 yr olds perform at Nursing Home
June TBA	Dress Rehearsal & Recital

\*Costume and performance fees are for all classes except Adult and Combo 2-3 yrs. SDC company members may be required to pay additional costume fees.

#### **Hrs/Wk-----Price/Month**

1-----	\$60
1.5-----	\$80
2-----	\$100
2.5-----	\$115
3-----	\$130
3.5-----	\$145
4-----	\$160
4.5-----	\$170
5-----	\$180
5.5-----	\$185
6-----	\$190
6.5-----	\$195
7-----	\$200

Adult tuition is \$45/month for the first class and \$35/month for each additional class. A single class is \$15.

Tuition is calculated on a 4 lesson per month scale with extra lessons and performances applied to shorter months.

Sibling discount is 7% off the total monthly fee (excludes adult tuition).

[www.synergydancestudio.com](http://www.synergydancestudio.com)

512-327-4130

**Physical address: 3425 Bee Cave Road Mailing address: 3267 Bee Cave Rd Suite 107-95**

# SYNERGY DANCE STUDIO REGISTRATION FORM

STUDENT NAME \_\_\_\_\_ MONTHLY TUITION \_\_\_\_\_ (See fee scale)

REGISTRATION FEE \_\_\_\_\_ (\$35 per child, \$45 per family)

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_

PARENTS/GUARDIANS \_\_\_\_\_

MOM WK \_\_\_\_\_ MOM CELL \_\_\_\_\_ EMERGENCY CONTACT \_\_\_\_\_

DAD WK \_\_\_\_\_ DAD CELL \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

STUDENT'S BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

ALLERGIES OR IMPORTANT HEALTH INFORMATION \_\_\_\_\_

HOW DID YOU LEARN ABOUT OUR STUDIO? \_\_\_\_\_

<b>Title of class</b>	<b>Please circle day</b>	<b>Start/stop time</b>
Class 1: _____ Westlake	Day: M T W T H F S	Time _____
Class 2: _____ Westlake	Day: M T W T H F S	Time _____
Class 3: _____ Westlake	Day: M T W T H F S	Time _____
Class 4: _____ Westlake	Day: M T W T H F S	Time _____
Class 5: _____ Westlake	Day: M T W T H F S	Time _____

To complete registration this form must be submitted, registration fee paid and a deposit of one month tuition paid which is applied to your 1<sup>st</sup> and last month if proper notice is given. Aug and June tuition are prorated to ½ month. I understand that the said student is automatically enrolled until the June performance. Notice of a drop must be in writing 30 days prior to the first of the month in which the drop is to occur. A word to the teacher is not acceptable. Failure to do so will result in continued tuition fees. No statements will be mailed. Tuition is due on the 1<sup>st</sup> of each month. If paid after the 5<sup>th</sup>, a \$20 late fee will be assessed to cover billing.

*In consideration of the benefits of instruction by Synergy Dance Studio for my child, I, intending to be legally bound, do hereby enroll my child named above, in the program and do hereby waive claims and release finally Synergy Dance Studio, Sherrie Sellers and staff members, instructors and other personnel from claim or liability for any injury or accident occurring or arising from the instructional program or incidental sponsored activities either off or on the premises.*

*I/We acknowledge that my child will be videotaped or photographed for education, performance or advertising purposes.*

***I have read the foregoing and agree with it and all its contents.***

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

# SYNERGY DANCE STUDIO REGISTRATION FORM

## Child Medical Release Form

**This form must be completed in its entirety for your registration to be complete**

This form is to authorize Synergy Dance Studio, located at 3425 Bee Cave Road in Austin, Tx, their agents, representatives and employees (hereinafter "the School") to obtain emergency medical assistance and to provide transportation for the child herein below names, and to release the School from liability for injuries to children while on the School premises or otherwise in the care of the school staff members, such as in transporting the children.

In the event that I/we cannot make arrangements for emergency medical attention at the time of the illness or accident of my child, I hereby authorize any agent, representative or employee of the School to take my child to:

Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Or to \_\_\_\_\_ Hospital, where medication or medical procedures they may deem necessary for my child's wellbeing will be administered. The undersigned further agrees to be financially responsible for all such medical services, including the cost of defense and enforcement of this indemnity agreement. I further understand and agree that the School, its agents, representatives, or employees may administer simple first aid in the event of minor injuries, and family members or doctors will be called when in the discretion of the School personnel, it is deemed necessary.

I/we represent that I am parent/guardian of \_\_\_\_\_ and am fully responsible for the care and wellbeing of the child. I agree that the School shall not be liable for any damages, claims or compensation of whatever nature (including liabilities for negligence, strict liability, or otherwise) that may arise to me or for my benefit, in the name of or for the benefit of the child, or in the name of or for the benefit of any other person as a result of personal injury to the child named above while the child is on the premises of the School or otherwise in the care of the School personnel, including any such injuries sustained while the child is being transported as herein authorized, and hereby agree to indemnify and hold harmless the School, its agents, employees or servants, whether paid or volunteer, against any and all claims which may arise from any injury to said child while participating in or being transported to programs of the school. Provided, however, the School shall be liable for injuries resulting from gross negligence of the School, its agents, representatives or employees, or injuries intentionally inflicted by the School, its agents, representatives or employees.

I have read the foregoing and agree with it in all respects.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature \_\_\_\_\_