

SYNERGY DANCE STUDIO

To register for the 2010-11 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 for the most accurate schedules.
4. Pay a \$35/child or \$45/family registration fee and last month's tuition to secure your place. Drop the form, registration and last month's tuition 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.
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.

2010-11 Calendar of Events

August 14	Fall 2010 Session Begins
September 4-6	Closed Holiday
October 1	*\$55 individual December performance/costume fee due and \$40 for additional siblings
Sept 27-Oct 2	Bring a Friend Week
November 24-27	Closed Holiday
December 1	*\$55/child \$65/adult June costume fee due
TBA	December performance
TBA	2 -3 yr. olds perform in class
Dec 19-Jan 1	Closed Winter Break
January 31-Feb 5	Bring a Friend Week
March 14-19	Closed Spring Break
April 1	Pre-register current students
April 22-23	Closed Holiday
May 1	*\$50/\$85 family June performance fee due
May 28-30	Closed Holiday
June TBA	2-3 yr olds perform at Nursing Home
June TBA	Dress Rehearsal & Recital
June 11	Last day of 2009-10 Session

*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-----	\$95
2.5-----	\$105
3-----	\$125
3.5-----	\$135
4-----	\$150
4.5-----	\$160
5-----	\$170
5.5-----	\$175
6-----	\$180
6.5-----	\$185

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

512-327-4130

Physical address: 3425 Bee Cave Road

Mailing address: 3267 Bee Cave Rd Suite 107-95

SYNERGY DANCE STUDIO REGISTRATION FORM 2010-11

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? _____

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

To complete registration this form must be submitted, registration fee paid and a deposit equal to last months tuition paid. June tuition is prorated to ½ month. I understand that the said student is automatically enrolled until June 11, 2011. 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 1st of each month. If paid after the 5th, 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 2010-11

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 _____