



Family Registration Form

2017-18

541-252-1394

marlo@marlodance.com

WEBSITE: www.marlodance.com

Mail-In Registration: 88216 Hwy 42 South,
Bandon, OR 97411

Student 1							
Name _____		Date of Birth ___/___/___		Grade/Adult _____			
<i>CLASS SELECTIONS: Weekly Hours reflect billing time.</i>							
Creative Movement	Hours	Ballet	Hours	Tap	Hours	Jazz/Lyrical	Hours
___ Mon. CM Preschool (3 ½ - 5yr not yet in kindergarten)	1.0	___ Primary 1	1.0	___ Intro Teen/Adult	1.0	___ Jazz 1	1.0
___ Thur. CM Preschool (3 ½ - 5yr not yet in kindergarten)	1.0	___ Primary 2 /3	1.0			___ Jazz 2	1.0
___ CM Kindergarten	1.0	___ Beginning 1	2.0	___ Primary 1	1.0	___ Jazz 3	1.0
___ Pre-Primary (1 st grade & new 2 nd grade)	1.0	Below requires enrollment in Ballet Acceleration		___ Primary 2	1.0	___ Lyrical 1	1.0
		___ Intermediate 1	2.5	___ Primary 3	1.0	___ Lyrical 2	1.0
		___ Intermediate 3	3.0	___ Tap Beginning	1.0		
		___ Intermediate 3	3.0				
		___ Intermediate 4	3.0				
				___ Intermediate 1	1.0		
				___ Intermediate 2	1.0		
				___ Tap Upper	1.0		
Dance Fitness		Ballet Acceleration* Hours				Hip Hop Hours	
___ Dance Fit	1.0	___ Intermediate 1-2	1.0			___ Hip Hop 1	1.0
___ Yoga Lates	1.0	___ Intermediate 3-4	1.0			___ Hip Hop 3	1.0
___ Pilates	1.0						

Student 1: Total Weekly Student Hours _____

Student 2							
Name _____		Date of Birth ___/___/___		Grade/Adult _____			
<i>CLASS SELECTIONS: Weekly Hours reflect billing time.</i>							
Creative Movement	Hours	Ballet	Hours	Tap	Hours	Jazz/Lyrical	Hours
___ Mon. CM Preschool (3 ½ - 5yr not yet in kindergarten)	1.0	___ Primary 1	1.0	___ Intro Teen/Adult	1.0	___ Jazz 1	1.0
___ Thur. CM Preschool (3 ½ - 5yr not yet in kindergarten)	1.0	___ Primary 2 /3	1.0			___ Jazz 2	1.0
___ CM Kindergarten	1.0	___ Beginning 1	2.0	___ Primary 1	1.0	___ Jazz 3	1.0
___ Pre-Primary (1 st grade & new 2 nd grade)	1.0	Below requires enrollment in Ballet Acceleration		___ Primary 2	1.0	___ Lyrical 1	1.0
		___ Intermediate 1	2.5	___ Primary 3	1.0	___ Lyrical 2	1.0
		___ Intermediate 3	3.0	___ Tap Beginning	1.0		
		___ Intermediate 3	3.0				
		___ Intermediate 4	3.0				
				___ Intermediate 1	1.0		
				___ Intermediate 2	1.0		
				___ Tap Upper	1.0		
Dance Fitness		Ballet Acceleration Hours				Hip Hop Hours	
___ Dance Fit	1.0	___ Intermediate 1-2	1.0			___ Hip Hop 1	1.0
___ Yoga Lates	1.0	___ Intermediate 3-4	1.0			___ Hip Hop 3	1.0
___ Pilates	1.0						

Student 2: Total Weekly Hours _____

Use 2nd Form for additional immediate family members.

BILLING INFORMATION	PARENT OR GUARDIAN IF DIFFERENT THAN BILLING
Name _____	Name _____
Address _____	Address _____
City _____ Zip _____	City _____ Zip _____
E-mail _____	E-mail _____
<i>All newsletters will be emailed.</i>	<i>All newsletters will be emailed.</i>
H Phone _____ W Phone _____	H Phone _____ W Phone _____
Cell _____ Cell _____	Cell _____ Cell _____

MEDICAL INFORMATION
In case of emergency and I can't be reached call: _____ Phone _____ <input type="checkbox"/> No <input type="checkbox"/> Yes: Do any of the registrants have physical limitations (asthma, arthritis, previous injury etc.) Describe: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes: Do any of the registrants have learning any type learning disability we should know about (ADD, ADHD etc.) Describe: _____

WAIVER
MarLo occasionally takes photos of classes. May we use photos of students from this account for brochures, news releases website? <input type="checkbox"/> No <input type="checkbox"/> Yes _____(Initial) I understand that I (my child) dance at my own risk. I will not hold MarLo Dance Studio or its instructors responsible for any injury during, before, or after classes. _____(Initial) I will thoroughly read the MarLo Dance Studio 2017/18 Revised Policy Handbook. I understand that my participation with MarLo will fall within MarLo's stated policies. If I find that I cannot comply with the policy handbook, I have three days from the time of registration to request a full refund and withdraw student(s). _____(Initial) I understand that if I have a child 12 & under a parent from our family will take a turn overseeing my child's class during 1 of 4 spring performances as detailed in the Policy Handbook. Signature of adult student or legal guardian of child(children): _____ Date: _____

FEE SCHEDULE		# of Hours Per Week	Dancers Name
Weekly Class Hours	Monthly Fee	_____	Student 1 _____
Up to 1.0	\$39	_____	Student 2 _____
1.5	55	_____	Student 3 _____
2.0	65	_____	Total Hours _____ Total Monthly Fee _____
2.5	75	_____	
3.0	85	_____	
3.5	95	_____	
4.0	105	_____	
4.5	115	_____	
5.0	125	_____	
5.5	135	_____	
6.0	145	_____	
6.5	155	_____	
7.0	165	_____	
7.5	175	_____	
8.0	182	_____	
Each additional ½ hour add \$7.00			

New Dance Student Registrations ___ x \$40.00 _____
Returning Dance Student Registration ___ x \$35.00 _____
or Dance Family Registration \$65.00 _____
First Month's Tuition (September ½ Price) _____
Dancewear In-stock _____
Dancewear Order _____
TOTAL ENCLOSED _____
Visa/MC _____ Exp ___/___ CVC _____
___ Bill my Credit/Debit Monthly ___ Student wishes to apply for scholarship