Lemon Sponge Cake Ballet School at Kinesis Dance Company, LLC
Registration Form 2016-2017

Date of Registration_________________

Dancer’s Name __________________________________________________________________________

Address __________________________________ City __________________________

Zip________________________

Dancer’s Email __________________________________________________________________________

Date of Birth: (MM/DD/YYYY) __ __ / __ __ / __ __ __ __

**Mother’s Info:** Name______________________________________________________________

Address __________________________________ City __________________________

Zip________________________

Home Phone __________________ Mobile ___________________ Work __________________

Email Address __________________________________________________________________________

**Father’s Info:** Name______________________________________________________________

Address __________________________________ City __________________________

Zip________________________

Home Phone __________________ Mobile ___________________ Work __________________

Email Address __________________________________________________________________________

**Emergency Contacts/Medical History**

In case of emergency and parents cannot be reached, please list 2 contacts:

1. __________________________ Phone___________________ Relationship__________
2. __________________________ Phone___________________ Relationship__________

Does your dancer have any medical conditions or previous injuries? Yes ___ No ___

If yes, please specify __________________________________________________________

**ENROLLMENT**

Please list the classes you would like to be enrolled in. If you are a KD company dancer, please list the company name for your company registration. All additional classes must be listed.

Course 1 __________________________ Course 2 __________________________
Course 3 __________________________ Course 4 __________________________
Course 5 __________________________ Course 6 __________________________
Course 7 __________________________ Course 8 __________________________

Where you referred to Kinesis Dance by anyone? _______ If so, Who? _________________________
KINESIS DANCE PAYMENT POLICY

All Kinesis Dance clients will be required to be on automatic payment. The tuition fee will be withdrawn in the amount of $_____________ from your account on the 15th of each month for the following month. The date of automatic withdraw will start on 7/15/2016 and the last monthly tuition withdraw will take place on 4/15/2017. Kinesis Dance will email when accounts have charges posted on them that are in addition to the monthly tuition fee. All charges are due 7 days after the charge is posted to the account. If payment is not made in another form (cash/check), the card on file will be charged. If the card is declined, the account will be charged an 18% late fee, and if the balance is not paid in its entirety within 7 days from the card decline, the dancer will be removed from Kinesis Dance. Additionally, a $15 late fee will also be placed upon any account with tuition not paid within this 7-day period. It is the responsibility of the client to inform Kinesis Dance of any expired cards, changes in card numbers, lost or stolen cards, etc. Kinesis Dance will not relinquish the payment responsibility of the dancer’s guardian for any reason, nor will they authorize extended late payment plans. If an account remains unpaid for 30 days, the appropriate collections agency will be contacted. Kinesis Dance has a 30-day Cancellation Policy – This authorization for automatic withdrawal shall remain in full force and effect until such time as Kinesis Dance receives a Cancellation of Services in written form. Upon receipt of this notification, automatic withdrawal will be discontinued 30 days from the date the notice is approved by a Kinesis Dance Staff Member. Kinesis Dance does not prorate tuition for missed classes. Kinesis Dance does not issue refunds.

Please sign below, acknowledging that all information provided above is correct, and you are in full understanding that Kinesis Dance, LLC is not responsible for any injuries or lost or stolen property. By signing below, you acknowledge that you have carefully read and are agreeing to the KINESIS DANCE PAYMENT POLICY and authorizing payments to Kinesis Dance, LLC.

Name: ______________________________________________________________________

Credit Card: ______________________________________________________________________

Expiration date: _________________________________________________________________

CVV: __________________________________________________________________________

Billing Address: _________________________________________________________________

______________________________________________________________________________

Signature_____________________________________________________ Date_____________

Please email to: workshop@lemonspongecake.org