



# 2016-17 Registration Form

P.O. Box 547 Mesilla, NM 88046 (575) 525-2909

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

## How Did you Hear About Us:

Current Student  
 Friend/Family Member  
 Phone Book  
 Library

Sibling of Current Student  
 Drive/Walk By  
 Church Member  
 Other \_\_\_\_\_

Newspaper  
 Website  
 Mailed Brochure/Postcard  
 Radio

<input type="checkbox"/> <b>Kindergarten: School is in session M-F 8:30-Noon</b> All children must be 5 by September 1, 2015 to attend Kindergarten. <b>Additional option:</b> Noon-2:00 <u>Extended Day</u> (Circle two or more days) M T W Th F
<input type="checkbox"/> <b>Preschool:</b> All children must be 2.5 by September 1, 2015 and toilet trained to attend Preschool. <b>8:30-Noon: Number of Days (please circle 5, 3, or 2 days)</b> 5 days (MTWThF)      3 days (MWF)      2 days (TTh) <b>Additional option:</b> Noon-2:00 <u>Extended Day</u> (Circle two or more days) M T W Th F

Student Information Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

List names and ages of siblings \_\_\_\_\_

Parent/Guardian Information.....

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

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Who does child live with? \_\_\_\_\_

Additional Local Emergency Contacts (people authorized to pick up your child) ...

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

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Your Child.....)

List any characteristics, or helpful information you feel your child's teacher should know about Your child:

Basic Health Information.....)

Child's Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your child under medical care? Yes No

Is your child taking any medication? If so, what kind? For?

When was your child's last physical exam? \_\_\_\_/\_\_\_\_/\_\_\_\_ Tetanus booster: \_\_\_\_/\_\_\_\_/\_\_\_\_

Does your child have any heart problems, breathing problems, allergies, or other medical/physical problems our instructors should be aware of? Please explain:

Surgical Operations/year:

Injuries or Accidents:

Does your child have any other medical, social, or behavioral conditions that our teachers should be aware of? (Please give details, and any suggestions so that we can better serve your child.)

RELEASE AND HOLD HARMLESS AGREEMENT

As a participant in this Academy of Music & Dance program, I recognize and acknowledge that there are certain risks of injury and I waive and relinquish all claims I or my children may have as a result of participating in this program against Academy of Music & Dance and its owner, teachers, employees, and volunteers. I further agree to indemnify, hold harmless and defend Academy of Music & Dance and its owner, teachers, employees and volunteers from and against any and all claims, suits, or cause of actions, including reasonable attorney's fees, sustained or caused by myself or my children arising out of, in connection with, or in any way associated with the activities of this program. I give my child permission to participate in this program, and on the child's behalf as parent and/or legal guardian I hereby waive, release and forever discharge any and all claims against Academy of Music & Dance and its owner, teachers, employees and volunteers for damages and/or injuries which may arise from my child's participation in this program.

FIELD TRIP AUTHORIZATION & PHOTO RELEASE

I give permission for my child to participate in scheduled field trips as part of the school day. I understand that I will be notified of the time/date/destination of any field trips in writing in the monthly newsletter or with a special note before the field trip is to take place. Pictures of children (in class activities) may be used for class photos, t-shirts, collages, in-studio display, press releases, and marketing materials in print and on the school/studio web-site.

PARENT'S CONSENT TO MEDICAL TREATMENT FOR CHILD

As parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor, of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Child's Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

(All students must have this signed by a parent or guardian.)



# ABC Academy Policies 2016-17

## **Materials Fee** (Classroom supplies)

This is a yearly fee and is non-refundable and non-transferable once registration forms and fees are submitted. Withdrawal at any time, and for any reason, after the submission of registration forms results in the forfeiture of the materials fee. This fee cannot be applied to the payment of any other fees or tuition.

## **Dance Shoes**

Each child is required to leave a pair of ballet shoes and a pair of tap shoes at school. You may purchase the shoes from our school on Transition Day. Sample shoes will be available for sizing. You may also purchase elsewhere, but be sure to get:

Girls: Pink Ballet shoes (\$18) and black velcro patent tap shoes (\$25)

Boys: Black ballet shoes (\$18) or black jazz shoes (\$25) and black lace up tap shoes (\$25)

**(Discount: If both tap and ballet (not jazz) are purchased at the Academy, then \$40/set)**

## **Monthly Tuition**

Tuitions are based on the full Annual Tuition, which has been divided in to 10 equal monthly payments for your convenience. Tuition is not refunded or pro-rated for absences due to illness, vacations, or other reasons. Payment is due the 1st of each month by credit card (MC and Visa). Academy of Music & Dance charges a \$25 NSF (non-sufficient funds) fee on all unfunded electronic debits. You are registering for an entire school year (August-May). Understand that although debits are taken on a monthly basis, each debit (taken August-May) coincides with 1/10 of the year's tuition. Classes begin mid-August and end mid-May, but your debit in those months reflects 1/10th of the annual tuition, not the value of the weeks in that month.

## **Arrival & Pick-up**

Please plan to arrive no more than **5 minutes** before class is scheduled to begin. Your child's teacher is preparing the classroom to be able to give the children her full attention at starting time. Please be prompt to pick up your child. They worry about you if you're not there when the other parents arrive. **If you plan to be more than 5 minutes early or late on a regular basis you may make arrangements with billing to pre-pay for this service. A \$25 late fee will be assessed for every 15 minutes late.**

## **Illness**

We want to help keep all the children healthy and happy. To stop the spread of illness, please keep your child home if they have any vomiting, contagious illnesses, undiagnosed rashes or fever (your child may return after 24 unmedicated hours without a fever).

## **Holidays & School Closures**

We will follow the Local School District Calendar for Holidays and School Closures. If the Local schools are closed for Holidays, Teacher In-service, Parent/Teacher Conferences, or non-contract days we will not have classes. For weather related closures we will contact you.

## **Volunteers**

Parents are welcome to observe or help out in the classroom & for field trips. The monthly newsletter and website will keep you informed of upcoming events for parent helpers.

## **Withdrawal**

One-month notice from the first of the month is required to withdraw from preschool. Partial months will not be pro-rated. Withdrawal must be done in person, in writing, at the academy, and will not be accepted over the phone. All automatic payments will stop after the one-month notice period. (See page 10 of the Parent Handbook for more information.) To ensure a secure, happy learning environment, if a student is having difficulty participating safely in the school we will contact the parents for a conference. Together we will come up with an action plan to help the child be successful in our school environment. If, over time, we cannot help the child adjust, the student will not be able to continue at ABC Academy.

\_\_\_\_\_ **I have read the above policies & agree to abide by them.** \_\_\_\_\_  
Parent/Guardian Signature Date