

Student(s) Last Name: _____

Contact Information:

Primary Contact _____ Relationship to student _____
Address _____ City _____ Zip _____
Email _____ Phone _____
Employer _____ Work Phone _____

How did you hear about K & Co.? _____

Secondary Contact _____ Relationship to student _____
Address _____ City _____ Zip _____
Email _____ Phone _____
Employer _____ Work Phone _____

Emergency Contact (person other than Primary or Secondary):

Name _____ Relationship to student _____
Phone _____

Student Information:

Student #1

Name _____ Class 1: _____
Age _____ Date of Birth _____ Gender _____ F _____ M Class 2: _____
Cell phone _____ Email _____ Class 3: _____
School _____ Class 4: _____

Other information (allergies, disabilities, medications, etc.) _____ Class 5: _____
_____ Class 6: _____

Student #2

Name _____ Class 1: _____
Age _____ Date of Birth _____ Gender _____ F _____ M Class 2: _____
Cell phone _____ Email _____ Class 3: _____
School _____ Class 4: _____

Other information (allergies, disabilities, medications, etc.) _____ Class 5: _____
_____ Class 6: _____

Student #3

Name _____ Class 1: _____
Age _____ Date of Birth _____ Gender _____ F _____ M Class 2: _____
Cell phone _____ Email _____ Class 3: _____
School _____ Class 4: _____

Other information (allergies, disabilities, medications, etc.) _____ Class 5: _____
_____ Class 6: _____

Person Responsible for Tuition (if other than primary & secondary contact):

Name _____	Relationship to student _____
Address _____	City _____ Zip _____
Email _____	Phone _____
Employer _____	Work Phone _____

WAIVERS:

Policies and Late Tuition: I have read and understand all articles presented in the policy form. I understand that tuition paid after the 10th of the month will incur a \$15 late fee, as well as all fees not paid by the deadline. I also understand that an additional late fee will be applied to my account if there is an unpaid balance at the end of December. Costumes will only be handed out and students will be allowed to perform once all tuition and fees are paid.

I have read the above and agree to these terms. Signed: _____ Dated: _____

Care of Students, Illnesses & Injuries: K & Co. Dance Studio, LLC, its instructors and assistants are not responsible for providing before or after care for students. Parents with children under the age of 6 must stay with the child until class begins and pick up the child inside the building when class is over. Students are not to be left at the school for excessive time before or after class. Parents, legal guardians of minor students or adult students hereby waive the right to any legal action to any sickness, disease, or injury sustained or contracted on school property resulting from normal dance activity or any other activity conducted before, during, or after class time.

I have read the above and agree to these terms. Signed: _____ Dated: _____

Administration of OTC Medicine:

- My child has my permission to request OTC medication for injury or illness from K & Co. staff (ages 12+ only): . YES / NO
- I give permission for the following over-the-counter medications to be administered to my child if necessary, at my child's request, due to injury and/or illness, according to the manufacturer's recommendations, by K & Co. staff (ages 12+ only):
 - Ibuprofen* YES / NO Tums Antacid YES / NO # of tablets (4 max) _____
 - K & Co. will administer no more than 2 capsules (400mg) of ibuprofen per day

I have read the above and agree to these terms. Signed: _____ Dated: _____

Photo & Video Release: K & Co. Dance Studio, LLC. is hereby granted permission to take a photograph OR video of the student(s) to use for any advertising material including the website, social media, print media, etc.

I have read the above and agree to these terms. Signed: _____ Dated: _____

OFFICE USE ONLY:	
Summer enrollment fee _____	Fall enrollment fee _____
Monthly tuition installments _____	Recital/show fees _____
Costume fee _____	Other _____