



Focal Point Dance Studios

12360 SW 127th Ave

Miami, FL 33186

305-259-6960 Fax: 305-259-6958

Focalpointdancestudios.com

Registration Fee:
Non-Refundable
Single: \$45 Family: \$60
Summer Single: \$15 Family: \$30

Registration Form

Parent/Guardian Last Name: _____ First: _____

Last Name: _____ First: _____

Home Address: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Parent Email: _____

Dancer's Name: _____ D.O.B: _____ Email: _____

Dancer's Name: _____ D.O.B: _____ Email: _____

Dancer's Name: _____ D.O.B: _____ Email: _____

Insurance Provider: _____ Policy #: _____ Sub/Group #: _____

Allergy(s)/Medical Conditions: _____

Emergency Contact (Other than parent) Name: _____ Relation: _____ Contact #: _____

I authorize the following adult to pick up my child if I am unable to:

Name: _____ Relation: _____ Contact #: _____

How did you hear about us? _____

- | | |
|---------|---------------------------------|
| 1 _____ | 5 _____ |
| 2 _____ | 6 _____ |
| 3 _____ | ____ Kinder 1 ____ Kinder 2 |
| 4 _____ | ____ Primary ____ Int ____ Teen |

Date: _____
Pay Via: _____ \$ _____
Hours: _____ Tuition: _____
Account #: _____



Focal Point Dance Studios Policies

I as Parent/Guardian of _____ have read and agree to the following:

- _____ 1. All monthly tuition payments are due by the 1st of each month while my child is enrolled at Focal Point Dance Studios. Any payments made after the 10th must include a \$15 late fee.
 - A. There is a \$35 fee for all returned checks.
 - B. Half tuition is charged for the month of December.
 - C. Half of June tuition is due with May tuition.
 - D. If your dancer adds or drops a class, it is the responsibility of the parent/guardian to notify the front desk immediately to avoid incorrect charges.
- _____ 2. I am under no yearly contract but required to give written notice in the event of a withdrawal or extended absence from the Studio.
- _____ 3. There will be **NO refunds, extended payments or credits** for missed classes. Make-up classes are encouraged and must do so within one month of your child's absence. If the same class is not available, your child can make up a similar class level or age appropriate class.
- _____ 4. All **Tuition and Costume** balances must be paid in full in order for my child's costume to be released for the End of Year Recital. Deposit (\$50 per costume) due in January with the remaining balance due in April. **Accounts must be paid in full to purchase recital tickets.**
- _____ 5. Focal Point Dance Studios is not responsible for lost articles. Please label all of your child's belonging (shoes, leotards etc).
- _____ 6. **I have read and agreed to all of the above.**

I, the undersigned hereby waive any liability against A/Tae Focal Point Dance Company d/b/a Focal Point Dance Studios (FP) and its agents /persons /businesses who it might claim to be liable while acting within the scope of FP's activities. I am fully aware of the risks of attending and participating in all Focal Point Dance Studios events and activities and hereby assume all risks and liability.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____



\$2.00 Convenience fee will be applied for all Credit Card Transactions

CREDIT CARD




AUTHORIZATION FORM Date: _____ Initial: _____

I hereby authorize **Focal Point Dance Studios ("FP")** to automatically charge:

- Monthly Tuition on 1st Monday of each month
- Other Amount \$ _____, _____

_____ I acknowledge that my account will be charged a \$15 Late Fee, on 11th of each month if balance is unpaid by the 10th

_____ I acknowledge that failure to pay the monthly balance on my account or give written notice by the 10th of each month will result in the full tuition plus a \$15 late fee charged to my credit card on the 10th of the following month

		
_____	_____	_____
Credit Card #: _____		Exp Date: _____
Billing Address: _____		Zip Code: _____

Cardholder's Full Name: _____

Dancer's Name: _____

Cardholder's Signature: _____

By signing this agreement, I agree to pay all fees and costs, including attorneys' fees, that FP may incur to collect the amounts I owe.