

Mark Spivak's Institute and Dance Extension

FALL REGISTRATION FORM 2016-2017



Check Location: Mandarin Studio _____ Fruit Cove _____ Julington Creek _____ Vwo dīpi 'Mf ūaaa
 3740 San Jose Place 774 N. State Rd.13 106 Julington PlazaDr 106 Julington Plaza Dr _____
 778 State Rd 13 _____

Parent 1 _____

Home# _____ Work# _____ Cell# for text _____ Emergency# _____

Parent 2 _____

Home# _____ Work # _____ Cell #for text _____ Emergency# _____

Address _____ Zip _____

E-mail address print clearly _____

1. Student's First Name _____ Last _____ DOB _____ Age _____

2. Student's First Name _____ Last _____ DOB _____ Age _____

3. Student's First Name _____ Last _____ DOB _____ Age _____

Regular Academic School _____ Grade _____

Any medical problems we should be aware of _____

Schedule: circle one: Class name, Room # Day Time Teacher's
 (see schedule) (M/T/W/TH/S) (see schedule) name

Mand / FruCov/ JCP / TK _____

Mand / FruCov/ JCP / TK _____

Mand / FruCov/ JCP / TK _____

RECITAL _____ YES _____ NO

Annual Registration \$ 45.00per person \$ 65.00 per family
 Recital Fee: \$ 70.00 per person \$ 100.00 per family
 Costume fee \$ 75.00 per costume number due November

Office use:
 Reg. fee paid _____
 Recital fee paid _____
 Costume fee pd _____
 Tuition pd _____
 Total paid _____
 Check # _____

If you like you can set up e-banking from your account to our Mandarin address above for automatic payments.

Please include Registration and Recital fee at time of registration. This fee is not refundable.

Please Read and Sign:

We, the parents of _____, fully understand the risks involved in acrobatics, tumbling, dance, and exercise programs and will not hold Mark Spivak's Institute of Fine Arts, owners and its staff responsible for accident or injury jointly and separately, from all personal injury claims arising through or from participation in activities as a student of Mark Spivak's Institute or Dance Extension in or upon the promises of the named above studios/schools.

I, _____ agree to pay the monthly installment for myself or my child's classes on the first class of each month. If for any reason my check for classes should be returned to Mark Spivak's Institute I agree to pay a \$ 20.00 returned check fee.

If I fail to pay by the 10th of the month I will add a \$10.00 late fee to monthly tuition and for costume fees.

Mark Spivak's Institute reserves the rights to refuse any of the studio services if account is delinquent.

Dance Year considered from August through June. The school tuition is calculated on the annual basis and equally divided into 11 monthly payments. **December & June installments must be paid in full.**

We are expecting payments on the MONTHLY basics on the first class of each month in equal installments.

All Tuition is based on 4 weeks per month. When 5th week accrues it will consider "courtesy lessons" or make up lessons.

If you miss a class there is no extra fee for "make up". You may take any class available on schedule within a given month. You will need to call office to schedule.

You may withdraw from classes with Written withdraw note to Mark Spivak's Institute or Dance Extension **30 days prior to the date. This note needs to be in the office before of the beginning of the new month in order not to be charged for it.**

If you like you can set up e-banking from your account to our Mandarin address above.

Studio will be closed on the following Holidays and these days are not subject to make up:

Labor Day	September 7	Spring Break	March 21-March 26 Duval County Mandarin Location
Thanksgiving	November 25-28	Spring Break	March 21-March 26 St. Johns County Dance Extension
Winter Break	December 21-January 2	Memorial Day	May 30

I here by certify that I have read, understand and acknowledge the payment agreement and the rules and regulations of Mark Spivak's Institute and Dance Extension.

PARENTS SIGNATURE _____ **DATE** _____

Mark Spivak's Institute & Dance Extension

Media release form

Please complete the following agreement and give it back to us today.

My child _____, has permission to have photos, videos, and other form of media placed on display on the studio website, local TV station, local newspaper, facebook studio page or other form of advertising on the web. On giving permission, I understand that the media will be used in a positive manner to highlight the studio or students. In signing this form, I verify that I understand the terms and conditions of the agreement and give permission for my student to have photos taken and shared through various forms of media.

Printed name

Parent/Guardian signature

Date