

Registration Form

Please print out, fill out, sign the registration form, and the payment options, initial the registration agreement, and send with the Registration Fee and first month's tuition to

Stegmann's School of Performing Arts, 2001 Campbell Station Pkwy, Spring Hill TN 37174

Student Name: _____ Age: _____ Gender: _____

Date of Birth: _____ Previous Dancing: _____

Street Address: _____

City: _____ Zip Code: _____ Home Phone: _____

School Attending: _____ Grade: _____

Parents Name: _____

Mother's Cell Phone: _____ Work Phone: _____

Father's Cell Phone: _____ Work Phone: _____

Email: _____

Please let us know about any medical conditions if it is related to dancing (like a heart condition or Asthma))

Medical History: _____ Allergies: _____

Doctor's Name: _____ Phone: _____

Register for:

Day: _____ Time: _____ Class/Level _____

Day: _____ Time: _____ Class/Level _____

Day: _____ Time: _____ Class/Level _____

Day: _____ Time: _____ Class/Level _____

Day: _____ Time: _____ Class/Level _____

Day: _____ Time: _____ Class/Level _____

Day: _____ Time: _____ Class/Level _____

Day: _____ Time: _____ Class/Level _____

Package Level: _____

Tuition amount: _____ Registration Fee: _____

(August Tuition): _____ Total Amount: _____

How did you hear from us?

Friend Yellow Pages The Advertiser The Informer The Sign Performance Other

If a friend referred you, please let us know who it was. Name of friend _____

See backside for payment options

Payment Options

Option 1: Auto Withdrawal from Checking Account (EFT)

Deductions are made on the 1st or 15th day of the month including Recital/Costume Fee 50% in October and balance due in November.

I hereby authorize **Stegmann's School of Performing Arts** to debit my checking ___ / savings ___ account at the financial institution listed below on a monthly basis on the 1st ___ / 15th ___ day of the month in the amount specified on the registration form:

Bank Name: _____

Routing number: (9 digits on the bottom of your check or deposit slip): _____

Account number: _____

Name of account holder (PRINT): _____

I understand that **Stegmann's School of Performing Arts** will withdraw funds directly from my bank account as indicated above. I understand that these payments will continue until the conclusion of classes. There will be no tuition refund for students withdrawing from the program voluntarily. I understand that I can cancel this agreement anytime with a **one-month notice**. I understand that if I need to change my account information, I can do so by calling (615) 302 - 2881 or email to stegmannndance@cs.com.

Signature: _____

Date: _____

Please attach a voided check and return with this form.

Option 2: Automatic Payment Setup

You can set up an automatic payment from your checking/savings account either by yourself when you use online banking or ask your bank to do it for you.

Payments have to be made on the 1st or 15th day of the month including Recital/Costume Fee 50% in October and balance due in November. You have the option to pay the recital fee by check

I will set up an automatic payment for the tuition paid to **Stegmann's School of Performing Arts** every 1st ___/15th ___ of the month. I will pay the recital/costume fee by automatic payment ___ /check ___

Mail check to: 2001 Campbell Station Pkwy, Suite 4C, Spring Hill, TN 37174

Signature: _____

Date: _____

Option 3: Pre-Dated Checks for 9 months (September through May)

You have the option to pay tuition on the 1st or 15th of the month after paying registration fee and first month at time of Registration. Plus additional checks for recital/costume fees due 50% in October and balance due in November.

Please cash my check on the 1st ___ / 15th ___ of each month.

I understand that **Stegmann's School of Performing Arts** will cash the checks on a monthly basis. I understand that these payments will continue until the conclusion of classes. I understand that there will be no tuition refund for students withdrawing from the program voluntarily. I understand that I can cancel this agreement anytime with a one-month notice. I understand that if I need to change my account information, I can do so by calling (615) 302 - 2881 or email to stegmannndance@cs.com.

Option 4: Monthly Check **PLEASE BE AWARE THAT THIS IS THE ONLY OPTION WITH A LATE FEE COLLECTION!**

If you pay by monthly check, you **have** to pay by the **1st of the month**. **After the 10th of the month, we will collect a \$15 late fee**. If you can't be at the studio because of illness or vacation, you are required to mail your check to SSPA. Mail check to: 2001 Campbell Station Pkwy, Suite 4C, Spring Hill, TN 37174

The Recital/Costume Fee is due 50% in October and balance due in November. You are required to pay the fee with your tuition on the 1st of those months.

If you're having problems paying on time (on the 1st of the month), please consider option 1 or 2 to arrange to pay on the 15th of the month.

I have read the payment arrangement and agree.

Signature: _____

Date: _____

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Registration Agreement#

The following registration agreement will establish a good relationship and will avoid any confusion or misunderstanding about our policies. We appreciate your support of Stegmann's School of Performing Arts and look forward to a great season.

Please read, initial after each section, and sign at the bottom.

We prefer that Stegmann's School of Performing Arts is the only dance school the student attends to in a given school year.

Registration

Annual Registration Fees (\$25 per student/\$10 for each sibling) are **non-refundable** and due at time of registration.

Early Registration Fee for returning students (before June 1): \$15 per student/family

Initials

Tuition

First month's tuition must be paid with the registration fee at the start of the dance season. All tuition is non-refundable.

Monthly tuition remains the same regardless of how many weeks fall in a particular month. There are no reduced rates for personal vacation, illness or studio holiday closures. Tuition is considered **LATE if received after the 10th**. A late fee of **\$15** will be charged to your account. There is a \$30 fee for all returned checks. Note: If your account becomes past due 45 days or more, your child may be suspended from participating in class until the account is brought current or alternative arrangements are made.

Initials

Recital/ Costumes Fee

A recital/costume fee deposit of 50% is collected in October, balances are due in November. Costume deposits are non-refundable and once a costume has been ordered for your child, you become liable for the balance due. The fee is \$90, \$65 for each sibling, and \$50 for each additional costume. The fee provides the student with a recital costume, tights. In addition, each family will receive 2 recital tickets. There will be NO refund of the recital fee after December.

Initials

Class Observation Policy

Parents are invited to observe their child's class on the first week of the month in NOVEMBER and MARCH. We appreciate your cooperation with this policy. We know from experience that all of our students, especially our younger dancers, are more focused without visitors in the classroom. We will make necessary exceptions for the first class in August for new Creative Movement students who are not yet familiar with our program. New parents of these very young dancers are welcome to stay on this first day, but we ask that you do your part to keep talking and distractions from interrupting the class to a minimum. We do allow out of state relatives to observe the class outside the official observation weeks.

Initials

Make-up Policy

Student absences should be made up. Students may make up missed classes on any other day or time their class level is offered **after they informed the school of their absence**. In case there is no other class available missed classes can be made up in any other class offered during the current month. The make-up class does not have to be of the same dance form as the class in which the student is enrolled. The make-up class does not have to be taken in the same week. **However, the student is not eligible for make-up classes if the studio is not informed prior to the absence.**

Initials

Release of Liability

I understand that my participation or that of my child, in the activities at Stegmann's School of Performing Arts is optional. I understand that these activities involve stretching and mild to vigorous cardiovascular exercises. I assume all risk of injury for myself or my child(ren), and hereby waive any and all claims which may arise against Stegmann's School of Performing Arts, Angelika and Bruce Stegmann, or independent contractors from any injury or ailment directly or indirectly related to me or my child(ren) participating in the activities of Stegmann's School of Performing Arts. I acknowledge that neither Stegmann's School of Performing Arts, its owners nor independent contractors are licensed medical practitioners. In the event of a medical emergency, every effort will be made to reach parents immediately; if unable to reach you, this authorizes Stegmann's School of Performing Arts to call 911.

Initials

Photo/Media Release

I hereby grant Stegmann's School of Performing Arts the right to use the name and image of the student in all forms and in all media manners, for marketing, advertising, or other lawful purposes. The undersigned hereby waives any right to inspect or approve the finished versions before any such use. Yes No

Your signature below denotes your understanding and acceptance of all the above stated policies and conditions.

Signature of Parent or student over the age of 18

Date

First & last Name of student(s): _____