



Karyn Kelly Dance Center

P.O. Box 411 • Clarence Center, NY 14032

Email: KarynKellydance@aol.com (716) 633-9202

Capturing The Essence Of Dance Excellence

2010 - 2011 REGISTRATION FORM

DANCER'S NAME

_____ (As you wish it to appear in the recital program)

ADDRESS

Number _____ Street _____

City _____ State _____ Zip Code _____

PHONE

Home _____ Emergency / Cell Phone/Pager _____

AGE

Date of Birth _____ Current Age _____

MOTHER

Mrs. / Ms. / Dr. _____

FATHER

Mr. / Dr. _____

PREVIOUS EXPERIENCE

E-MAIL

EMERGENCY CONTACT (in the event parents cannot be reached at the numbers listed)

NAME _____

RELATIONSHIP _____ PHONE _____

For those new to KKDC, HOW DID YOU HEAR ABOUT US?

- Bee NewsPaper Our Website
 WNY Family Magazine Referral from a friend
 Telephone Book Sign on Transit Rd

Follow These Steps to Register:

1. Please complete this form in full and sign below. Place a check in each box you are registering for. Consult your brochure for age requirements and class descriptions.
2. Mail this form with registration fee to **P.O. Box 411 Clarence Center, NY 14032**. Registration fees are non-refundable. **\$35.00 per student or \$50.00 per family**.
3. Call us at 633-9202 or e-mail us if you have any questions. We suggest that new students mail in registration as early as possible to secure a spot as class sizes are limited.

CLASS SELECTION

Please indicate what classes you are interested in taking. After placement is complete, you will receive confirmation and all necessary information before dancing begins. Classes are formed on a first come first serve basis.

PRE-SCHOOL COMBINATION: AGES 3-5

Intro to Tap Jazz Ballet

- Combo I (3 & 4 yr olds)
 Combo II (4 & 5 yr olds)
 Combo III (5 yr olds)

SELECT PREFERENCE

- Saturday Mornings Weekday Afternoons

CLASSES FOR AGES 6 +up

- Tap Lyrical (10 yrs +up)
(must have completed 3 years of ballet)
 Jazz Stretch/Turn & Leaps/Tech
(non-performing, 10 yrs + up)
 Ballet (7 yrs +up) Hip Hop (7 yrs + up)

For current students please list the classes you are registering for:

Class <small>(subject)</small>	Day	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any of the following the studio should be aware of:

Medical Conditions _____

Allergies _____

Does your child have Asthma? Yes or No (please circle)

- I the undersigned agree to follow the policies and procedures set forth by Karyn Kelly Dance Center as they have been created in the best interest of the students. I accept the responsibility of reading and following all information received in the studio brochure, newsletters and handouts.
- By signing below, I am financially responsible for payment of this account, and agree to make all payments on a timely basis. I understand that registration, costume and recital fees are non-refundable. I understand that my account will be charged a \$5 late fee for tuition payments received after the 10th of each month and a \$20 fee if I have any checks returned by the bank.
- I and my child are aware that there is a potential risk associated with participating in a dance class. I understand and assume all risks associated with dance class participation, including but not limited to falls or contact with other persons. I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage that I consider adequate for both my child's and my own protection.
- I give permission for emergency medical treatment of my child in the event that a parent cannot first be contacted.
- I give you my permission to use child's picture on publications.

PARENT OR GUARDIAN SIGNATURE _____

DATE ____/____/____

FOR OFFICE USE ONLY

New Student Date _____ Reg Fee _____ Cash _____ Student # _____
 Returning Student Check No. _____ Family # _____

PLEASE MAKE CHECKS PAYABLE TO: KARYN KELLY DANCE CENTER