

Director/Owner
Dorothy Hanner Ratcliff
323-2474/ 246-2199
419 Fieldpond Drive
Kingsport, TN 37664 (mailing address)

CENTRE FOR THE PERFORMING ARTS
REGISTRATION FORM

email: danceatcpa@gmail.com OR dhratcliff@chartertn.net

Co-Directors
Teresa Weatherford
Kristen Looney

Dancer(s) Name:	First	Middle	Last	Birth	Day	Age	School	Grade
1.	_____							
2.	_____							
3.	_____							

Address #	Street	City	State	Zip	Phone

E-MAIL ADDRESS: _____

Father's Name: _____ Employment _____ Bus. Phone _____

Mother's Name: _____ Employment _____ Bus. Phone _____

Student # 1

1st class choice _____ Level _____ Day _____ Hour _____

2nd class choice _____ Level _____ Day _____ Hour _____

3rd class choice _____ Level _____ Day _____ Hour _____

Student # 2

1st class choice _____ Level _____ Day _____ Hour _____

2nd class choice _____ Level _____ Day _____ Hour _____

3rd class choice _____ Level _____ Day _____ Hour _____

Student # 3

1st class choice _____ Level _____ Day _____ Hour _____

2nd class choice _____ Level _____ Day _____ Hour _____

3rd class choice _____ Level _____ Day _____ Hour _____

Prior dance experience _____

Name/Phone # of neighbor or relative _____

SPECIAL INFORMATION: CARPOOLS, SPECIAL HEALTH INFORMATION _____

PLEASE READ AND SIGN BELOW

Desiring to enroll my child/children named above in dancing lessons as a pupil in the Centre of the Performing Arts, we agree to the following conditions:

1. We agree to send our child to dance lessons regularly through May except when the student may be sick or when unusual circumstances make it desirable for the student to miss a lesson. We agree to notify the school if it is known that the student will miss more than one lesson in sequence.
2. With the exception of a half month in August; CPA's school year consists of 36 weeks, with some months having three, four, or five lessons, we agree to pay the tuition each month in advance, divided into nine equal payments; plus a half month for August, or in one yearly payment by the 15th day of September. In addition to this fee, we agree to supply the necessary equipment requested by the teachers, IE: leotards (solid colors only) tights, shoes, rehearsal/recital fee, and costume for the annual recital in May. The recital costumes will be purchased through the school at the cost of approximately \$55.00 to \$70.00 per costume. We agree to notify the school in writing before December 1st if the student will not participating in recital. All registration, costume, rehearsal/recital fees are non refundable.
3. Due to the physically active nature of dance lessons we need expressed permission for your son/daughter/ward to participate in our dance classes. Waiver of liability – I hereby give permission for my son/daughter/ward to participate in the Centre for the Performing Arts classes and will not hold responsible either the director, teacher, or teaching assistants for any accidents or injury which may occur in relation to the dance lessons.
4. If, in the teacher's opinion, an emergency arises, I give permission for my child to be taken immediately to the emergency room at the hospital for treatment. I give permission for the physician to give whatever treatment is necessary if it must be administered immediately. We agree to notify the teacher if the child should not participate in the usual dance class activities due to medical or physical reasons.
5. We understand that there will be make-up classes for classes missed due to illness and snow days. Snow policy is as follow: When roads are considered too hazardous for the majority of students to attend classes we will cancel classes, these cancellations will be announced over area radio stations. If there is any doubt, please call.
6. We agree to the guidelines and policies listed in the annual dance school brochure.

Date: _____

Signature By Parent or Guardian _____