CONCORD DANCE ACADEMY STUDENT REGISTRATION FORM 2010-2011

Director – Cindy Flanagan

Student Information:

Name:____ Address:____

City:____________________________ Zip:_______________ E-mail:____

Home Phone# ________________ Student Cell# ________________ Birthdate: ___/___/___ Age:_____ Grade Fall 10:____

Mother/guardian: ____ Work #: ________________ Cell __________________

Father/guardian: ____ Work #: ________________ Cell __________________

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Please return form and a **non refundable $25 registration fee** to:
CONCORD DANCE ACADEMY, 26 COMMERCIAL STREET, CONCORD, NH 03301

ANY QUESTIONS? Call the studio: **226-0200**, email **cdaoffice@aol.com**, or visit our website **www.concorddanceacademy.com**

STUDENT RELEASE FORM

I assume full responsibility and risk of bodily injury for the student enrolled at Concord Dance Academy. Our staff exercises the utmost care in working with the students. Our goal is to provide a safe and accident free environment; however in the event of any bodily injury, I release Concord Dance Academy and the instructors from all liabilities. I have read and voluntarily sign this release form.

Parent/Guardian: ____ Date: ____

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FINANCIAL RESPONSIBILITY

I accept full financial responsibility for all related costs during the 2010-2011 dance season at Concord Dance Academy. These costs include registration, monthly tuition, late fees (if applicable), costume expenses, and recital fee expenses. I understand that if my account becomes delinquent, the student will not be able to participate until the account is current. I understand my monthly tuition payment is for the entire month, regardless of the number of classes held. If a class is not held for any reason, no refunds will be given. I understand that the class can be made up in another class if necessary.

Parent/Guardian: ____ Date: ____

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PERMISSION FOR RECITAL

I give my permission for the applicant to participate in the Concord Dance Academy recital at the Capitol Center for the Arts. I understand that this involves extra rehearsals and a dress rehearsal prior to the performances.

Parent/Guardian: ____ Date: ____

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COMBINATION CLASSES - All classes are one hour classes
PLEASE CIRCLE YOUR CHOICE

AGES 3-5 COMBO - Tap, ballet, jazz and tumbling

MON 3:30 TUE 5:30 SAT 9:30

AGES 5-6 COMBO - Tap, ballet and jazz

MON 5:30 WED 4:30 SAT 10:30

AGES 7-8 (CIRCLE YOUR CHOICE)

TAP/JAZZ

MON 4:30 SAT 10:30

JAZZ/BALLET

TUE 5:30

BALLET 1

SAT 9:30 MON 5:30

LYRICAL 1

TUE 4:30 SAT 11:30

BOYS HIP HOP Fri 5:30

LITTLE GIRLS HIP HOP SAT 12:30

KARATE

WED 5:30 (AGES 5-9) THUR 5:30 (AGES 5-8)

WED 6:30 (AGES 10+) THUR 6:30 (AGES 9-12)

THUR 7:30 (AGES 13+)

AGES 9-18 (ONE HOUR OF EACH SUBJECT)
(CHECK WITH YOUR TEACHER FOR APPROPRIATE PLACEMENT)

TAP

TAP 1 TUE 5:30 **TAP 2** WED 5:30 **TAP 3** MON 6:30

JAZZ

JAZZ 1 TUE 4:30 **JAZZ 2** WED 4:30 **JAZZ 3** MON 7:30

LYRICAL

LYRIC 2 WED 6:30 **LYRIC 3** TUE 7:30

HIPHOP

HIP HOP 2 WED 4:30 **HIP HOP 3** TUE 6:30

BOYS HIP HOP FRI 5:30

ADVANCED CLASSES

BALLET

TAP

JAZZ

LYRICAL

CONTEMPORARY

ADULT CLASSES

TUE 6:30 (PERFORMANCE TEAM) THUR 6:30

Teacher's Approval ____