

Flag City School of Dance

354 Cherry Street Macon, GA 31201 478-742-1848

www.flagcitydance.biz flagcitydance@hotmail.com

2019 - 2020 REGISTRATION AGREEMENT

Student #1 Name: _____ Date of Birth: ____/____/____ Age ____

Student #2 Name: _____ Date of Birth: ____/____/____ Age ____

Address: _____ City, _____ Zip: _____

Phone #'s _____ Email Address: _____

Mother's Name: _____ Mother's Alternate Phone: _____

Father's Name: _____ Father's Alternate Phone: _____

Place of Employment for Mother: _____ Father: _____

as a student at FLAG CITY SCHOOL OF DANCE and for said consideration agrees:

(a) My child does not presently have or has never had any physical problems, physical injuries, health problems, mental health disorders, or developmental disabilities which would limit the child's participation in the School's program and activities.

(b) I understand that the lessons I am registering the above student for are a form of activity where, even under regular instruction, an injury can occur, and undersigned holds FLAG CITY SCHOOL OF DANCE, its agents and employees harmless from any and all injuries or accidents arising out of or relating to the course of instruction.

(c) Undersigned acknowledges that FLAG CITY'S classes extend from September 7, 2019 to Recital Day (May 2020) of the following year and acknowledges that the tuition which undersigned agrees to pay is \$_____ payable \$_____ upon the signing of this agreement with one half of the unpaid balance being due and payable November 15, 2019 with the balance being due and payable January 15, 2020. An additional payment for Recital Costume will be due one half October 15, 2019 and final payment February 15, 2020. Undersigned acknowledges that there will be no refunds and that failure of the student to attend classes shall not affect undersigned's obligation for payment as herein above outlined. Late payments shall bear interest from date of default until payment at the rate of ten percent (10%) per annum plus reasonable attorney's fees should said defaulted payment be collected by or through an attorney at law.

(d) Undersigned acknowledges that student attendance is important and that FLAG CITY, having commenced its school year, is unable to replace students. A 60-day written notice to the Director must be given before withdrawing during the school term. Tuition will continue to be due until the end of the 60-day notice.

(e) Undersigned acknowledges a copy of this agreement and further agrees that they have read and agree to abide by the school policies which are printed on the reverse side hereof.

(f) I understand that this program is not a licensed child care facility. I also understand that this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

PHOTO RELEASE

I agree to permit Flag City School of Dance authorization to use photographs of my child for print, video, and web use without compensation. This release shall continue in force until specifically revoked.

Parent or Guardian's Signature _____ Date _____

Payment Received \$ _____ Class Time _____