

# MarLo Dance Studio: Family Registration Form 2010/11

347-4616 [marlo@marlodance.com](mailto:marlo@marlodance.com) WEBSITE: [www.marlodance.com](http://www.marlodance.com)

Mail-In Registration: 88216 Hwy 42 South, Bandon, OR 97411

<b>Student 1</b>							
Name _____		Date of Birth ___/___/___		Grade/Adult _____			
<i>CLASS SELECTIONS: Weekly Hours reflect billing time.</i>							
Creative Movement	Hours	Ballet	Hours	Tap	Hours	Jazz/Lyrical	Hours
___ CM I 2:00 (3 ½ & new 4yr)	1.0	___ Primary I	1.0	___ Primary I	1.0	___ Beginning	1.0
___ CM II 1:00 (return 4 yr. & 5yr.)	1.0	___ Primary II	1.0	___ Primary II	1.0	___ Intermediate I*	1.0
___ CM II 2:50 (return 4 yr. & 5yr.)	1.0	___ Men's Class	1.5	___ Beginning Youth	1.0	___ Intermediate II*	1.0
___ CM III (return 1 <sup>st</sup> grade and new 2 <sup>nd</sup> )	1.0	___ Beginning*	2.0	___ Beginning Teen/Adult	1.0	___ Lyrical*	1.0
		All below required Accel selected. Below requires 2 classes selected		___ Inter. Tap/Jazz Adult*	2.5		
		___ Intermediate I*	2.5	___ Intermediate-Youth *	2.0		
		___ Intermediate II*	1.5	___ Upper Level*	2.0		
		___ Intermediate III*	1.5				
		___ Inter. w/Pointe 1*	1.5				
		___ Inter. w/Pointe 2*	1.5				
		___ Advanced*	P				
Ballet Acceleration*		Hours		Hip Hop		Dance Fitness	
___ Beginning	1.5	___ Hip Hop 1	1.0	___ Yoga Flow	1.0		
___ Intermediate	2.0	___ Hip Hop 2*	1.0	___ Pilates	1.0		
___ Advanced	P	___ Hip Hop 3*	1.0				

ALL STUDENTS: Please read Class Descriptions carefully.

Asterisk denotes class requires instructor consent. P denotes private or semi-private class.

**Student 1: Total Weekly Hours \_\_\_\_\_**

<b>Student 2</b>							
Name _____		Date of Birth ___/___/___		Grade/Adult _____			
<i>CLASS SELECTIONS: Weekly Hours reflect billing time.</i>							
Creative Movement	Hours	Ballet	Hours	Tap	Hours	Jazz/Lyrical	Hours
___ CM I (3 ½ & new 4yr)	1.0	___ Primary I	1.0	___ Primary I	1.0	___ Beginning	1.0
___ CM II 1:00 (return 4 yr. & 5yr.)	1.0	___ Primary II	1.0	___ Primary II	1.0	___ Intermediate I*	1.0
___ CM II 2:50 (return 4 yr. & 5yr.)	1.0	___ Men's Class	1.5	___ Beginning Youth	1.0	___ Intermediate II*	1.0
___ CM III (return 1 <sup>st</sup> grade and new 2 <sup>nd</sup> )	1.0	___ Beginning*	2.0	___ Beginning Teen/Adult	1.0	___ Lyrical*	1.0
		All below requires Accel selected. Below requires 2 classes marked		___ Inter. Tap/Jazz Adult*	2.5		
		___ Intermediate I*	2.5	___ Intermediate-Youth *	2.0		
		___ Intermediate II*	1.5	___ Upper Level*	2.0		
		___ Intermediate III*	1.5				
		___ Inter. w/Pointe 1*	1.5				
		___ Inter. w/Pointe 2*	1.5				
		___ Advanced*	P				
Ballet Acceleration*		Hours		Hip Hop		Dance Fitness	
___ Beginning*	1.0	___ Hip Hop 1	1.0	___ Yoga Flow	1.0		
___ Intermediate*	1.5	___ Hip Hop 2*	1.0	___ Pilates	1.0		
___ Advanced*	P	___ Hip Hop 3*	1.0				

ALL STUDENTS: Please read Class Descriptions carefully.

Asterisk denotes class requires instructor consent. P denotes private or semi-private class.

**Student 2: Total Weekly Hours \_\_\_\_\_**

Use 2<sup>nd</sup> Form for additional immediate family members.

BILLING INFORMATION	PARENT OR GUARDIAN IF DIFFERENT THAN BILLING
Name _____	Name _____
Address _____	Address _____
City _____ Zip _____	City _____ Zip _____
E-mail _____ <i>All newsletters will be emailed.</i>	E-mail _____ <i>All newsletters will be emailed.</i>
H Phone _____ W Phone _____	H Phone _____ W Phone _____
Cell _____ Cell _____	Cell _____ Cell _____

**MEDICAL INFORMATION**

In case of emergency and I can't be reached call: \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_ No \_\_\_ Yes: Do any of the registrants have physical limitations (asthma, arthritis, previous injury etc.)  
 Describe: \_\_\_\_\_  
 \_\_\_ No \_\_\_ Yes: Do any of the registrants have learning any type learning disability we should know about (ADD, ADHD etc.)  
 Describe: \_\_\_\_\_

**WAIVER**

MarLo occasionally takes photos of classes. May we use photos of students from this account for brochures, news releases website?  
 \_\_\_ No \_\_\_ Yes  
 \_\_\_\_\_ (Initial) I understand that I (my child) dance at my own risk. I will not hold MarLo Dance Studio or its instructors responsible for any injury during, before, or after classes.

\_\_\_\_\_ (Initial) I will thoroughly read the MarLo Dance Studio 2009/10 Revised Policy Handbook. I understand that my participation with MarLo will fall within MarLo's stated policies. If I find that I cannot comply with the policy handbook, I have three days from the time of registration to request a full refund and withdraw student(s).

Signature of adult student or legal guardian of child(children): \_\_\_\_\_ Date: \_\_\_\_\_

FEE SCHEDULE		# of Hours Per Week	Dancers Name
<b>Weekly Class Hours</b>	<b>Monthly Fee</b>		
Up to 1.0	\$33	_____	Student 1 _____
1.5	49	_____	Student 2 _____
2.0	59	_____	Student 3 _____
2.5	69	_____	Total Hours _____
3.0	79	_____	Monthly Fee _____
3.5	89	_____	Subtract 5% (Coquille, Myrtle Point, Coos Bay, North Bend, Port Orford residents)
4.0	99	_____	Total Monthly Fee _____
4.5	109		<b>New Dance Student Registrations</b> ___ x \$25.00 _____
5.0	119		<b>Returning Dance Student Registration</b> ___ x \$20.00 _____
5.5	129		or <b>Dance Family Registration</b> \$45.00 _____
6.0	139		First Month's Tuition (September ½ Price) _____
6.5	149		Dancewear In-stock _____
7.0	154		Dancewear Order _____
7.5	159		<b>TOTAL ENCLOSED</b> _____
8.0	164		
Each additional ½ hour add \$5.00			_____ Student wishes to apply for scholarship.
			_____ Student wishes to apply for student aide.