



Gallo Dance Studio

2019-2020 Session

Please complete this registration form and return with your annual registration fee of \$20.
If registering multiple children of the same household, it is \$20 for the 1st child &
\$10 for each additional child.

Classes will begin on Tuesday, September 3rd

Please list name
as you wish to
have it printed in
the recital program!

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Grade Entering in the Fall: _____ Age as of Sept 1st: _____ yrs _____ mos

Parent/Guardian Name: _____

Mailing Address: _____ City: _____ Zip: _____

Phone # (Primary): (____) _____ - _____ Phone # (Secondary): (____) _____ - _____

Email: _____
(For important dates, cancellations, events, etc.)

Can you receive text messages: ☐ Yes ☐ No How did you hear about us? _____

Please list any previous dance, tumbling, twirling, gymnastics, or cheerleading experience:

Please check the class/classes you wish to register for:

☐ Tiny Tot Ballet/Tumbling
(for our 2-4 yr old dancers)

☐ Tap

☐ Hip Hop

☐ Baton Twirling/Jazz

☐ Jazz

☐ Ballet

☐ Pom Dance

☐ Contemporary

☐ Lyrical

If your dancer is interested in more than 1 class, please place an "X" in each box.

If your dancer is only interested in 1 class - but unsure of which class - please number each box indicating priority of interest, 1 being most interested in.

Classes will begin September 3rd and are held Monday through Thursday.

Please list any temporary or long term conflicts regarding day of the week, or any lesson time concerns.

Could your dancer attend a class as early as 3:30pm?: ☐ Yes ☐ No

Please list the earliest class time that your dancer could attend each day:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____

Emergency Contact

Name: _____ Relationship: _____

Phone # (Primary): (____) _____ - _____ Phone # (Secondary): (____) _____ - _____

Please list any medications, food allergies, or medical conditions we should be aware of:

Please Complete and Sign the Back Side



OFFICE USE ONLY - Fee Paid: CC/Cash/Check \$ _____ Check # _____ Emp: _____ Date: _____ G: _____

PLEASE READ AND AGREE WITH YOUR INITIALS

COSTUMES: I am aware that this dance program will teach technique, as well as prepare students for the end of season recital- which will be held the second Saturday of June. Costumes will be ordered for each student performing in our recital, and will range from \$50-\$100. Competitive team costume fees will be greater and they will have more than one costume to purchase. A costume fee notice will be given to each student by October 3rd, and the fee will be due in full by November 7th. Costumes are sized by a chart and are NOT custom fit. Once costumes arrive, slight alterations by parents may be required- such as straps, hems, etc. Costumes are non-refundable and cannot be exchanged. No costumes will be given to students with overdue balances.

Initial_____

ATTENDANCE: If a student misses 2 consecutive classes without notification, they may be dropped from the program. Missing consecutive classes during recital preparation may result in the student not performing in the recital. It is the instructors' decision if the dancer is performance ready or not!

Initial_____

LESSON FEES: I have been informed that tuition and the registration fee are non-refundable. Lesson fees are due by the 1st lesson of each month. A \$20 late fee will be automatically applied if payment is not received by the 2nd lesson of that month. A fee of \$30 will be assessed for any checks returned for NSF. Accounts are to be paid in full (including monthly tuition, late fees, bank charges, outstanding costume charges, etc.) in order for the student to participate in the annual recital or other performances.

Initial_____

STUDENT CONDUCT: Repeated disruptive behavior problems will be addressed with the parents, and may result in the student being dismissed from the class.

Initial_____

MEDIA: I understand there is absolutely NO videotaping or photography allowed during classes unless consent is given by the instructors.

Initial_____

DRESS CODE: I understand the appropriate dress code for each class, and I agree that my child will be in compliance with the dress code.

Initial_____

PHOTOS: I understand that GALLO DANCE STUDIO may photograph or videotape my child in classroom settings and/or during performances or rehearsals. Further, I understand that photographs or videos may be used for publicity purposes. GALLO DANCE STUDIO will never sell, share, or distribute photographs to any third parties without expressing prior permission. Specifically, the use of photographs and video media is limited to the following: Editorial content within websites, existing and future website features, brochures and/or newspaper items, advertising, and studio display photos. I hereby grant to GALLO DANCE STUDIO the right to use photographs and/or other digital reproductions of my child for publication processes- whether electronic, print, digital, or electronic publishing.

Initial_____

**DANCE CLASSES INVOLVE MODERATE TO HIGH ENERGY EXPENDITURE LEVELS.
IT IS RECOMMENDED THAT THE STUDENTS/PARENTS KNOW THE STATUS OF THEIR HEALTH AND
ANY LIMITATIONS ON THEIR ABILITY TO SAFELY PARTICIPATE IN CLASS.**

Upon signing, I do hereby release, discharge, and save from any liability, Jan Gallo, her employees, instructors, guest instructors, and volunteers for articles lost or any accidents, injuries, or illness which may occur while my child is a student. I have read and have agreed to the policies outlined regarding lesson fees, class attendance, and performing guidelines.

Signature of Parent/Guardian:_____Date:_____