

Arabesque Etc. Dance

35 West Main St.
Richmond, VT 05477
802-383-8468

REGISTRATION & DANCER INFORMATION:

Today's Date: _____

Dancer's Name: _____

Date of Birth : _____ Years of Dance Experience _____

Age _____ Gender _____

Siblings who dance at AED _____

Primary Parent/Guardian(s) _____

Address _____

Home Phone _____ Cell Phone(s) _____

Work Phone(s) _____

E-Mail (s) _____

Primary Contact for Billing/Update Notices _____

EMERGENCY INFORMATION: (nonparent please)

Emergency Contact _____

Contact Phone _____

Relationship _____

MEDICAL INFORMATION:

Special Needs/Concerns (including temperament or learning challenges should this pertain to school learning):

Allergies: _____

Physician _____ Phone Number _____

SCHOOL INFORMATION:

School Dancer Attends _____

Bus Number _____ Bus Day(s) _____

- My Child has my permission to walk to dance from school: Yes () No ()
- My Child has permission to go to Sweet Simones Bakery with a group of friends unchaperoned during the first class (only ages 8 and up): Yes () No ()
- My Child will be needing teenage babysitting at AED during the first class costing \$5/session (between the bus pick up and the 2nd class): Yes () No ()

Class Day	Time	Class Title	Tuition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: Multiple class or Family Discounts are available. Please check AED website for details!

Non-Refundable Yearly Registration Fee:

Circle One: Single Dancer (\$15) Family Registration (\$25)

Non-Refundable June Monthly Fee (½ price monthly fee) : _____

CONSENT AND AGREEMENT:

Parent/Guardian please initial below indicating you agree with the following statements:

I give my consent for Arabesque Etc. Dance LLC to use photographs and videos of me/and or my child that may be used in various forms of publication, without compensation. I give consent to have my child filmed by MMCTV.

I have received a copy of, read, and agree with the Arabesque Etc. Dance LLC Policy Statement. NOTE: Policy is in lobby for the taking _____

I will complete my financial agreements with AED. _____

All families are required to give three hours volunteer time or \$75 donation annually. _____

Parent/Guardian and Students (over age 10) please initial below indicating you agree with the following statements:

All Dancers may be expected to participate in tech weeks (the week before the AED performances in Winter and Spring). Regardless of other school and sport obligations, I agree that these tech weeks will be dedicated to mandatory rehearsals and scheduled class times.

I understand that each dancer is expected to attend classes the entire month leading up to the show.

I understand that attending class is a prerequisite for participating in shows and continuing onto the next level.

Unless arranged with the director upon fall registration (or when the student registers for the school year,) students are expected to complete the entire school year session (September – June). Withdrawing from class before June *requires full payment of the rest of the year’s scheduled classes including the cost of a costume* if one has been ordered prior to withdrawal. _____

I will contact AED at 802-383-8468 if student will be missing a class. *This is important as precious time is lost if your child is inadvertently gone missing and we can not call you immediately* . We do our best to contact parents if a child does not get off the bus as intended, but we are also shepherding 12-16 children at that time. _____

AED will always keep safety first, however injuries can happen. Please inform your teacher of any prior injuries. Always listen to your body and understand that you take class at your own risk. If a child sustains an injury during class or while at AED, it is the parent/caregiver's responsibility to seek medical care within 24 hours and notify the Director with the results. _____

Arabesque Etc. Dance LLC and staff are not liable for any personal injury or loss of property.
*Please do not leave electronics in the lobby! You may bring them into class on silent mode.

PARENT/GUARDIAN PRINTED NAME

PARENT/GUARDIAN SIGNATURE

DATE _____

DANCER (10 years+) PRINTED NAME

DANCER (10 years+) SIGNATURE

DATE _____

**Please complete form and mail a copy with a check to:
Arabesque Etc. Dance LLC, 35W Main St., Richmond, VT, 05477
Arabesqueetc.com--- Arabesqueetcdance@gmail.com---802-383-8468**