**

**Section 1**

1) Student's name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_/\_\_\_\_/\_\_\_\_\_

Parent's or legal guardian's names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_ Home Phone [\_\_\_\_]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone [\_\_\_\_]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone [\_\_\_\_]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the student have any ailments or restrictions? Yes /No If yes, please explain:

**Section 2** *(Please fill out this section if you are a new student)*

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has the student had any previous dance training? Yes No

Name(s) of current or previous dance school(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 3**

Please list the class your child will be enrolling in-

Class/Day/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class/Day/Time: \_\_\_\_\_\_\_\_\_\_\_

**Payment Options- Cash Zelle (by phone number 832-814-5099) Check Pay Pal**

**Release of Liability**  
As the legal parent or guardian, I release Sunrise International Dance Company, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of SIDC, its owners and operators or in route to or from any of said premises.  
 **Medical Emergency**  
The undersigned gives permission to Sunrise International Dance Company, its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health. I request that our doctor/physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be called and that my child be transported to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hospital.

**Payment and Tuition Information**  
Tuition is due by the first of each month or each class. If accounts are paid after the tenth of the month, there will be a $35.00 late fee applied to the account balance. There is a $35.00 returned check charge for any checks returned by the bank. We do not prorate months for missed days, holidays or school vacations. Please review our company policies on our website.

www.sunrisedancecompany.org.

I've read all of the above and the Studio Policies and agree.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_/\_\_\_\_/\_\_\_

Signature of parent or legal guardian, if student is under age 18, or student age 18 an old