



17903 Bothell Everett Hwy, E 103
Mill Creek, Washington 98012
425-482-2075

FREE TRIAL CLASS REGISTRATION ONLY!

STUDENT NAME _____ AGE _____ DATE OF BIRTH _____

2nd STUDENT _____ AGE _____ DATE OF BIRTH _____

PARENT NAME _____ HOME PHONE _____ CELL _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL _____ STUDENT EMAIL _____

ADDITIONAL PARENT/GUARDIAN NAME _____ HOME PHONE _____

WORK PHONE _____ CELL _____ EMAIL _____

EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE _____

DOES THE STUDENT HAVE ANY PROBLEMS, ALLERGIES, MEDICATIONS? _____

LIABILITY RELEASE - I, the undersigned, will not hold Applause Studio owners, staff, or instructors responsible for any injury occurring during class or as a result thereof; and should any injury occur, will not bring any claims, actions, demands, or suits against Applause Studio, their owners, staff, or instructors at any time. I have read and understand the above statement.

TUITION POLICIES – I, the undersigned, have reviewed and do hereby agree to the following terms – Tuition is due in advance every month by the first of that month. Regular monthly statements/invoices are not provided. As the person responsible for payment of this student's tuition, I agree to pay the full amount in a timely fashion each month. If at any time I do not pay in full by the 5th of the month, I understand that a \$10 late fee will be incurred. I understand that we may withdraw from classes at any time, but that tuition refunds, registration fee refunds, and costume fee refunds are not granted, even if we opt not to participate in the annual recital. I agree to provide 2 weeks written notice if this student is dropping any class. I understand that my failure to provide this notice does not release me from my obligation to pay full tuition. (Tuition and costume fee refunds are given out **only when the studio closes a class** for that semester/session – and not for any individual classes missed by the student or canceled due to teacher illness or inclement weather. Make up classes are arranged for these circumstances). I understand that serious injury or illness (physician documented) on the part of a student will freeze my account in terms of additional tuition due, and that tuition paid in advance at that point will be applied toward future classes at the time of recovery. **I understand that tuition must be paid in full through June in order for this student to participate in the June recital, regardless of anticipated attendance during June.**

SIGNED (parent or legal guardian) _____ DATE _____