



HOSANNA DANCE STUDIO 2015-2016

Application for Enrollment

CONTACT INFORMATION

Parent/Guardian's Name (Name on Account)		
Mailing Address:		
City/State/Zip		E-mail
Primary Phone	Secondary Phone	Alternate Phone
Emergency Contact	Relationship	Phone Number
Participant Name(s) -1 per line	date of birth	Requested Class(es) Use back of page if necessary

*****3 SIGNATURES REQUIRED BELOW*****

Date	Signature	I agree to read the Hosanna Dance parent manual particularly the portions regarding the financial terms of enrollment (available at the studio or on the studio web site) and agree that my child and/or I will adhere to all the guidelines therein, including the hair and dress code.

By signing below, I hereby release Hosanna Dance, LLC, & their agents/representatives of liability for any injury to my child/ren (or myself) in class, on the campus, or while participating in Hosanna sponsored performances. I understand that in the event medical intervention is needed, attempt will be made to contact the person(s) listed on the student's registration form. In the event we cannot be contacted for the health and well-being of my child/ren (or myself), I hereby authorize a representative of Hosanna Dance to authorize whatever medical treatment that might be necessary in an emergency situation. I understand that my medical insurance carrier and I are financially responsible for any medical treatment extended to my child (or myself), and that Hosanna Dance and its agents or representatives cannot be held accountable or liable for such medical treatment. I furthermore give Hosanna Dance authority to use the participant's image in photographs, videos, and web pages for promotional purposes

Participant, Parent or Guardian Signature (participant must be more than 18 years old to sign)

Please use reverse to make us aware of any issues that may impact class or student performance. This information will be kept confidential.

Payment Information-You **MUST** choose one option below. Hosanna Dance LLC uses secure on-line payment processes for credit cards. Most families opt to have their account set up to take advantage of the automatic monthly payment system which requires the use of a Visa, Mastercard, Discover, or Debit (no American Express). Families using this system receive a discount on the (non-refundable) registration fee. Please complete the appropriate information below:

CHECK ONE:

<input type="checkbox"/>	I choose to use the Automatic/Recurring Payment plan and pay with Visa, Mastercard, Discover, or Debit. I understand that Hosanna Dance will be billing me according to the terms of the season/class(es) for which I registered. The credit card information will be held online by a secure processing server. My credit card information will not be visible to Hosanna Dance staff. Changes to my registration which change the amount I will be billed are my responsibility to communicate with Hosanna Dance with at least 5 days' notice before the automatic billing is scheduled. By using this option I qualify for the discounted, non-refundable annual registration fee of \$45.00.
<input type="checkbox"/>	I choose not to use the Automatic/Recurring Payment Plan and will pay via cash or check. I understand that Hosanna Dance does not send reminder invoices and that late fees apply to payments made after the applicable grace period (usually the 10 th of the month, see parent manual for current info.) I also understand that I will not receive the auto-payment discount on my annual registration fee. My non-refundable registration fee will be \$75.00.

SIGN WHICH PAYMENT PLAN YOU WISH TO USE

Automatic / Recurring Payment Plan

I authorize Hosanna Dance, LLC to initiate electronic payments for the balances due on my Hosanna Dance, LLC account. I understand that payments will be automatically made throughout the year for any balance due on my account. I understand that the payment amounts may vary as classes are added/dropped and as other charges/payments are applied to my account.

Card Number: _____ Expiration Date: _____
 Account Holder's Name: _____ Signature: _____ Date: _____

NO Automatic / Recurring Payment Plan

I acknowledge that I am responsible to make timely payments of my balances due on my Hosanna Dance, LLC account. I further acknowledge that if my payment is not received on or before the due date, I authorize Hosanna Dance, LLC to initiate electronic payments for any balances due on my account PLUS an administrative late fee of \$10.00. Payments will be processed with the payment information on-file at Hosanna Dance, LLC.