

Class Registration Form – Fall Session 2020 – One form per family

September 8th – December 14th (studio closed November 22nd – 29th)

Completed form due by **August 8th**. Turn in at studio, by e-mail, or by mail to address below.



Student Name(s) _____

Date(s) of Birth _____

Parent / Guardian Name(s) _____

E-mail _____ Cell phone _____

Mailing Address _____ City _____ Zip _____

CLASS	WEEKDAY & TIME	STUDENT NAME	COST
<i>Use back of sheet if more classes</i>			TOTAL COST

In the event that your child's school moves to an alternating day type schedule, would you prefer a day-time class offering above your choice(s) above? YES No

Mask Mandatory classes will be offered on Sunday. Because there is a variety of risk factors within families and comfort levels with wearing a mask, we are offering mask mandatory classes on Sundays. All students in mask mandatory classes are required to wear masks for the entirety of the class. In weekday and Saturday classes, students are permitted to remove their masks once the class starts (Mask optional). All classes, regardless of this choice, will be at least 50% capacity with social distancing in affect.

PAYMENT: MKSD WILL SEND CONFIRMATION/INVOICES TO YOUR EMAIL ADDRESS PROVIDED ON THIS FORM. MKSD does not prorate, and no refunds or credits will be given. MKSD accepts checks, money orders or cash or Venmo at @mksdance.com(0357). Payments will be 3 payments of 1/3 each as per schedule below.

First payment due first class day (September 6 – 12)
 Second payment due week 5 (October 4 – 10)
 Third payment due week 9 (November 1 – 7)

Please indicate any medical conditions our staff should be aware of _____

Waiver (required): By enrolling my child/children/self at MKSD, I agree that pictures and video taken may be used for ads, printed material or video by MKSD. I do not hold MKSD or its employees liable for illness or injuries that may occur during classes, rehearsals, or performances. I give permission for an employee of MKSD to seek medical attention for my child if necessary.

Parent Name (printed) _____ Signature _____ Date _____