2024-25 REGISTRATION
$80 REGISTRATION FEE DUE WITH FORM (NON-REFUNDABLE)
$40 Each additional sibling (One form per child)

STUDENT_____ DATE OF BIRTH_____

PARENT/GUARDIAN_____

EMAIL_____ CELL_____

WEEKLY CLASSES
Please indicate your class preference (Class type and day/time)
List 1st and 2nd choice (required)

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

NUTCRACKER (must be in Ballet 5/6 or higher, and take ballet) Performances December 13 - 15 @ Collegiate School. Rehearsals Saturday and/or Sundays October - December.
Please indicate if you wish to register, and if you'd like the tuition included on your invoice or rather pay separately on the day of audition ($350)

_____

JR AND SR COMPANY
Indicate if you would like your child to be considered for a solo ($700), and/or duet/trio ($500)

_____

INDICATE YOUR PREFERRED PAYMENT PLAN

_____ Pay in Full (save $20 on tuition per eligible class enrolled) Due August 1(company), First class day regular students

_____ 2 Payments *(August(company)/September, January)*

_____ 4 Payments *(August(company)/Sept, Nov, Jan, March)*

_____ 8 Payments *(August(company)/September, October, November, December, January, February, March, April)*

_____ Company Only: 10 Payments *(August, September, October, November, December, January, February, March, April, May)*

REQUIRED
Please take a moment to review our policies at
https://mksdance.com/about/studio-policies/. These policies are incorporated in full into this agreement. I have read and agree with the policies of MKSD.

Parent/Guardian Name (printed) _____

Signature_____ Date_____

REQUIRED
- By enrolling my child/children/self at Marianne Kelley's School of Dance, I agree that pictures and videos taken may be used for ads, printed material or video by MKSD.
- I understand and agree that the lessons and activities to be performed at MKSD involve physical activity and contact with other dancers. I therefore understand there is an inherent risk of injury in performing these activities and may not hold MKSD liable for any injuries sustained through the ordinary incident of this activity. In addition, if a student is injured, no refunds will be granted.
- I give permission for an employee of Marianne Kelley's School of Dance or a parent chaperone to seek medical attention for my child if necessary.

Student Name _____

Parent/Guardian Signature_____ Date_____

Please list any medical conditions of which MKSD should be aware:

_____