



DATE RECEIVED _____

2025-2026 REGISTRATION

\$80 REGISTRATION FEE DUE WITH FORM (NON-REFUNDABLE)

\$40 Each additional sibling (One form per child)

Registration fee must be paid to be placed in a class.

Form dated when payment was received.

STUDENT _____ **DATE OF BIRTH** _____

PARENT/GUARDIAN _____

EMAIL _____ **CELL** _____

WEEKLY CLASSES

Please indicate your class preference (Class type/day/time) If registering for Preballet, Ballet 4-5, Ballet 5-6, Ballet/Jazz, Petite, Mini please list 1st and 2nd day/time choices

_____	_____
_____	_____
_____	_____
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_____	_____

NUTCRACKER (must be in Ballet 5/6 or higher, and take ballet)

*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 (\$360) *Details at mksdance.com*

PARENT VOLUNTEER - NUTCRACKER

Let us know here if you would like to help backstage for one of the shows.

INDICATE YOUR PREFERRED PAYMENT PLAN

_____ **Pay in Full** (save \$20 on tuition per eligible class enrolled)
Company: Due August 1; Regular Students: Due first day of classes

_____ **2 Payments**
Company: Due August 1 and January 1; Regular Students: Due first day of classes and January 1

_____ **4 Payments**
Company: Due August 1, November 1, January 1, March 1; Regular Students Due: First day of classes, November 1, January 1, March 1

_____ **8 Payments: Regular Students Only**
Due First day of classes, October 1, November 1, December 1, January 1, February 1, March 1, April 1

_____ **10 Payments: Company Only**
Due: August 1, September 1, October 1, November 1, December 1, January 1, February 1, March 1, April 1, May 1

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:
