



# 2017-2018 ENROLLMENT APPLICATION

\*PLEASE PRINT CLEARLY: This email address is our primary source of communication.

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age (as of Nov. 1st): \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

\*Email Address: \_\_\_\_\_ How Did You Hear About Us: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Previous Dance Experience: \_\_\_\_\_

DE STAFF COMPLETES	
INITIAL PMT	
Amt\$	_____
Method	_____
Date	_____
Taken By	_____

### This student is registering for the following class(es):

Please check all that apply and **indicate the DAY & TIME of each class** requesting on the line provided.

#### REGULAR CLASSES

See Class Information & Price List for fees

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Combo (B/T/T) _____                | <input type="checkbox"/> Hip Hop _____             | <input type="checkbox"/> Jazz _____   |
| <input type="checkbox"/> Jazz / Tap _____                   | <input type="checkbox"/> Lyrical _____             | <input type="checkbox"/> Tap _____    |
| <input type="checkbox"/> Jazz/Lyrical _____                 | <input type="checkbox"/> Other _____               | <input type="checkbox"/> Ballet _____ |
| <input type="checkbox"/> Tumbling Only (Mondays - KV) _____ | <input type="checkbox"/> Privates _____ with _____ |                                       |

#### ACRO - Wednesdays in Kernersville

Please Note: separate pricing applies

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Age 3-5 (\$35) | <input type="checkbox"/> Beginner (\$35) | <input type="checkbox"/> Intermediate (\$35) | <input type="checkbox"/> Advanced (\$40) |
|---|--|--|--|

#### COMPETITION TEAM

Please Note: separate pricing applies

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Pre-Comp (KV - with approval) | <input type="checkbox"/> Hip Hop Only (WS - by audition) | <input type="checkbox"/> Competition Team (WS - by audition) |
|--|--|--|

#### SPECIAL NOTES OR REQUESTS

I understand that my registration fee is **NON-REFUNDABLE** and that I must give Dancers Edge a **30 day WRITTEN notice of intent to discontinue any class(es)**. Otherwise, I will continue to be responsible for any tuition and other fees that accrue until the 30-day written notice is given. I understand that I will need to purchase a costume (approx. \$60-65) for each class for my dancer to participate in recital, and failure to do so by the published "Late Order Deadline" may prevent my dancer from being able to participate in recital. Dancers Edge has my permission to use any photos or other likeness of my child in their printed studio material, website, and other promotional material. I understand that - as with any physical activity - there are certain risks. I will not hold Dancers Edge, it's employees, instructors, subcontractors, or affiliates responsible for loss, accident, or injury of any kind. I understand that dancers cannot be dropped off more than 5 minutes prior to any class, and must be picked up within 5 minutes of the end of class time. And, that dancers may not be left unattended at the studio when not in their class(es) above. Otherwise, additional fees may apply. I agree to abide by all rules, regulations, and policies of Dancers Edge and agree that this Enrollment Application is my commitment to registering for the class(es) noted above. Therefore, I am committing to the fees associated with the class(es) above until written notification is given to discontinue. **I understand that I am responsible for checking the website (including Members Area) or Information Boards at the studio to stay current on information necessary for my dancer.**

Signature (required) : \_\_\_\_\_ Date: \_\_\_\_\_

**www.dancersedge.com**  
**(336) 768-3303**

**5047 Country Club Road**  
**Winston-Salem, NC 27104**  
**MAIL TO: 5912 Reynolda Road, Winston-Salem, NC 27106**



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