

# **BATO Dance Studio**

## **Registration Form, Contract**

## **Payment Agreement &**

## **Medical Form**



**Dance Studio**

Dance, Devotion & Community Awareness



## Dance Studio

### Registration Form

Student Name \_\_\_\_\_ Age \_\_\_\_\_

Gender \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relation To Dancer/Student \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

#1 Pick-Up Name \_\_\_\_\_ Drop-Off Name \_\_\_\_\_

#2 Pick-Up Name \_\_\_\_\_ Drop-Off Name \_\_\_\_\_



**Dance Studio**

**Contract Payment Agreement**

I hereby \_\_\_\_\_, agree to pay a 1 year contract for the services rendered by (BATO Dane Studio). Hereafter \_\_\_\_\_ will follow the guidelines specified in the Contract Payment Agreement.

By this agreement, I agree to pay in full today (\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_) a nonrefundable Registration Fee of (\$25) and Tuition in the amount of (\_\_\_\_\_) (weekly/monthly). I, also agree that the total amount of (\_\_\_\_\_) will be surrendered to BATO Dance Studio, for the next (\_\_\_\_\_) weeks/months for the term of this agreement.

Please Provide The Following:

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Payment Information: (\_\_\_) Card (\_\_\_) Check (\_\_\_) Cash

Parent Signature: \_\_\_\_\_

Instructor/Staff Personnel Witness Signature: \_\_\_\_\_



**Dance Studio**

We are honored and appreciate your services and thank you for allowing the BATO Dance Studio Corporation to fulfill the need in your child’s life with Dance, Devotion & Community Awareness.



**Dance Studio**

**Medical Form**

Here is a Checklist of Medical Problems your child may have experienced or are experiencing now. We need you to answer the questions honestly to the best of your knowledge.

**Experienced Problems With**

- Eye Trouble, \_\_\_\_\_ **Yes** **No**
- Ear Ache, \_\_\_\_\_ **Yes** **No**
- Runny Nose, Sore Throat \_\_\_\_\_ **Yes** **No**
- Cold, Cough, Fever \_\_\_\_\_ **Yes** **No**
- Epilepsy, \_\_\_\_\_ **Yes** **No**
- Asthma, \_\_\_\_\_ **Yes** **No**
- Stomach Virus, \_\_\_\_\_ **Yes** **No**
- Severe Headache, \_\_\_\_\_ **Yes** **No**
- Sickle Cell Anemia, \_\_\_\_\_ **Yes** **No**
- Stomach Virus, \_\_\_\_\_ **Yes** **No**
- Pinkeye, \_\_\_\_\_ **Yes** **No**
- Heart Murmur, Chest Ache, \_\_\_\_\_ **Yes** **No**
- Allergies, Allergic To Anything, \_\_\_\_\_ **Yes** **No**
- Kidney or Bladder Infections, \_\_\_\_\_ **Yes** **No**
- Bone or Joint Problems, \_\_\_\_\_ **Yes** **No**
- Taking Any Medications, \_\_\_\_\_ **Yes** **No**
- Mental or Emotional Diagnosis, \_\_\_\_\_ **Yes** **No**
- Covid-19 \_\_\_\_\_ **Yes** **No**

This information is strictly for the use of BATO Dance Studio and will not be released to anyone without your knowledge and written consent. The Information you provide will be used as an aid in the event that an emergency occurs.

Parent \_\_\_\_\_ Date \_\_\_\_\_

Dancer/Student \_\_\_\_\_ Date \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Company Name \_\_\_\_\_



## Dance Studio

### Code of Conduct

A student enrolling in the BATO Dance Studio Corporation assumes an obligation to conduct himself/herself in a respectful manner and held responsible for any disrespect or harm caused to any student, owner, or staff personnel.

**All disciplinary actions are as follows:**

1. Being untruthful, dishonest, and deceitful.
2. Behaving in a way that threatens or endangers the health or safety of another person or causing physical damage to another person's property.

3. Failure to respect and obey instructions or directions given by staff or instructor.

If the student's behavior escalates, the following immediate actions will be subject to take place.

**a. 1<sup>st</sup> Warning:** Written notification will be sent to the parent/guardian with the nature of the unacceptable behavior the student exhibited. A signed copy of this notice must be returned to the dance team.

**b. 2<sup>nd</sup> Warning:** Should a second warning be necessary; the parents will be called to pick up their child immediately.

**c. Dismissal:** Student is now terminated from the remainder of the BATO Dance Studio Corporation with no refund.

I will take responsibility as the Parent/Guardian, I to as the Child will take responsibility as the student to obey and respects the Code of Conduct Guidelines.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_



## Dance Studio

### Photo Release Form

It is with great pleasure that we inform all parents about the numerous amounts of memorable moments we capture on camera, on video, at performances and events. We also highlight those same moments by displaying the photography and videos on social media, pamphlets, flyers, newsletters, and advertisement platforms. We need your consent to include your child's most precious smiles and talent abilities on those platforms.

Please check in the box below (**I give BATO permission**) or Check (**I do Not give BATO Permission**) to capture my child on camera or video.

I give permission to BATO Dance Studio Corporation to capture my child on camera and video.

Child's name: \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

I do not give permission to BATO Dance Studio Corporation to capture my child on camera and video.

Child's name: \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_