

2018-2019 CLASS REGISTRATION FORM

STUDENT(S) NAME(S) _____

MAILING ADDRESS, TOWN, STATE, ZIP, COUNTY _____

PHONE _____ ALT. PHONE _____

E-MAIL _____

PARENT NAME (of minor) _____

BILLING ADDRESS (if different from mailing) _____

DATE OF BIRTH _____

RACE/ETHNICITY _____ (Optional: For grant reporting purposes only)

FEES: ANNUAL REGISTRATION FEE \$15 (once per class year Sept. 1 to Aug. 31) _____

CLASS NAME _____ TUITION RATE _____

CLASS NAME _____ TUITION RATE _____

TOTAL* _____

**Payment in full is due at time of individual lesson or by 10th of month for group lessons.*

MEDICAL INFORMATION---MUST BE COMPLETED for minor children

Doctor/Clinic Name _____

Emergency Contact _____ Emergency Phone _____

Allergies? _____ Medications? _____

May we have permission to administer Acetaminophen or Ibuprofen? _____

If yes, what dosage is allowed? _____

TODAY'S DATE _____

(CONTINUED ON THE BACK – SIGNATURE REQUIRED)

ACKNOWLEDGEMENT :

I, my child and/or my family (herein known as the "Student") will be attending Eastern Shore's Own, Inc. (herein known as "ESO"). I hereby authorize ESO to make arrangements for or give any medical attention to the Student, emergency or otherwise that is deemed necessary under the circumstances by the sole discretion of ESO. I hereby give permission to the physician selected by ESO to hospitalize and secure proper treatment as the physician may deem appropriate.

When students are involved with any physical activities, therein occurs the possibility of accidental injury. While it is our expressed intention to provide for the safety and protection of each student, the student/parent, understands and is aware that the possibility of injury is present. Therefore, the student/parent agree that ESO, Inc., our staff and contracted affiliates shall not be held liable for any injury sustained by the student either before, during, or after participating in his or her scheduled class or any other special event.

ESO, Inc. reserves the right to use photographs, taken either in class or on the ESO campus, of ESO student and/or their art, for the purposes of instruction, advertising and promoting ESO and its programs. Students, or parents of students who are minors, who do not wish to comply with this policy must notify the ESO office in writing when they register.

I understand that payment in full is due on or before the date of individual lessons, and that payment "by the month" for individual or group classes is due in full by the 10th of each month. I understand I will be responsible for payment of scheduled individual lessons where a 24-hour notice of cancellation has not been given. Pre-paid missed classes may be made up at the convenience of instructor and student within two weeks of original date.

(Please fill out Credit Card Authorization Form for Auto-Bill Options)

I HAVE READ AND UNDERSTAND ALL POLICIES AND PROCEDURES SET BY Eastern Shore's Own, Inc.

Signature _____

FOR BALLET STUDENTS ONLY – PLEASE COMPLETE:

For Production costuming purposes, please provide the following information for your ballet student(s):

Street Clothing Size (S, M, L, etc.) _____

Shoe size _____

Leotard size _____

Tight size _____

Student has permission to ride with: _____

**** Please note that hair should be worn up for all classes, preferably in a bun (bun mandatory for Levels 3 and up). No jewelry is to be worn, and no cell phones are allowed in class. If they change who they ride home with, please notify School of Dance Director Dana Floyd-Sutter in writing.**