

| **Sacramento Academy of** |
Dance

Studio Director * Janelle Sebren

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ENROLLMENT APPLICATION

NAME _____

ADDRESS _____ CITY _____ ZIP _____

DATE OF BIRTH _____ CURRENT AGE _____

TELEPHONE (HOME) _____ (WORK) _____

CELLULAR PHONE _____ EMAIL _____

NAMES OF PARENTS _____

EMERGENCY CONTACTS _____

PREVIOUS DANCE TRAINING _____

The Sacramento Academy of Dance assumes no responsibility for any injuries or damages to any student or visitor, or his/her property while attending or observing classes within its premises. Furthermore, the undersigned agrees to indemnify and hold harmless The Sacramento Academy of Dance, its owner and instructors from any liabilities arising from, or otherwise relating to any events occurring outside the physical premises. The undersigned further agrees that this document is a legally binding instrument of his/her obligation to abide by, comply with and enforce if necessary, all of The Sacramento Academy of Dance policies and regulations regarding prompt tuition payments, consistent attendance, disciplined behavior both inside and outside its premises, as well as all other stipulations furnished to the undersigned at the time of enrollment.

I WOULD LIKE TO SIGN UP MY CHILD (OR SELF) FOR THE FOLLOWING:

-FIRST SEMESTER (SEPT-DEC) _____

-SECOND SEMESTER (JAN-JUN) _____ (check all that apply)

I UNDERSTAND THAT TUITION IS BASED ON THE SEMESTER, BUT MAY BE PAID MONTHLY. I ALSO UNDERSTAND THAT I AM OBLIGATED FOR THE FULL SEMESTER(S) THAT I SIGN UP FOR. _____ (initial)

SIGNED _____ DATE _____