



Enrollment Agreement

Student's Name: _____

Name of Parent/Legal Guardian: _____

I, the undersigned parent or legal guardian of the above listed student, understand that my signature on this document constitutes acceptance of the following conditions of my child's enrollment at Memorial Dance Center.

DISCOUNT POLICY

The above listed student's regular monthly tuition rate is \$_____ per month. If I pay the tuition in full BEFORE, not on, the first day of the month for which tuition is due AND my account shows a zero balance, I am entitled to the discounted rate of \$_____. Furthermore, I understand that if my account shows a balance due on the first day of any month, I am NOT entitled to a discount for that month for any reason.

TERMINATION OF ENROLLMENT

I understand that if I wish to terminate the above listed student's enrollment at Memorial Dance Center, that I must sign a "Termination of Enrollment" form and return it to the Memorial Dance Center office, which will relieve me of my tuition liability for the subsequent months AFTER I sign the form. Tuition is based on enrollment, not attendance. My tuition liability ceases effective the first day of the next month after I sign a "Termination of Enrollment" form. In addition, my child's enrollment will be terminated by Memorial Dance Center if my child misses 4 consecutive classes without prior notice to the office of absences. I will be responsible for any and all tuition up to the date that my child's enrollment is terminated.

PHOTO RELEASE

I, (parent's name, please print) _____, give Memorial Dance Center the absolute right and permission to use my [] son's [] daughter's photograph(s) in its promotional materials and publicity efforts. I understand that the photograph(s) may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, CD-ROM, Internet, World Wide Web), or other form of promotion. I release Memorial Dance Center, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. Additionally, I will make no monetary or other claim against Memorial Dance Center for the use of the photograph(s)/video.

AUTHORIZATION OF EMERGENCY MEDICAL CARE

I hereby authorize the staff and director, representing Memorial Dance Center to give consent for any and all necessary emergency medical care for my child _____, while said child is in the custody of Memorial Dance Center personnel. I also hold Memorial Dance Center or any other Memorial Dance Center personnel harmless in such an event. Pertinent medical conditions my child has are:

Signature of Parent or Legal Guardian

Date