



# 2020-2021 ENROLLMENT APPLICATION

Student's Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Class Age (as of Nov. 1, 2020): \_\_\_\_\_ # Yrs at ADAAP \_\_\_\_\_  
 Parents Name (s): \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 \*Email Address: \_\_\_\_\_ How Did You Hear About Us: \_\_\_\_\_  
 Emergency Contacts: \_\_\_\_\_  
 Previous Dance Experience: \_\_\_\_\_  
 Years of dance completed to date: \_\_\_\_\_  
 Special Notes/ Requests/ Allergies/Etc: \_\_\_\_\_

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

### CLASS (es) SIGNING UP FOR

See Class Schedule, Class Information & Price List for fees on our website.

<input type="checkbox"/> #1- CLASS (Combo, Ballet, Pointe, Tap, Jazz/Musical Theatre, Contemporary/ Lyrical, Acrobatic Arts, etc.)	DAY _____	Time (start & end time) _____
<input type="checkbox"/> #2- CLASS (Combo, Ballet, Pointe, Tap, Jazz/Musical Theatre, Contemporary/ Lyrical, Acrobatic Arts, etc.)	DAY _____	Time (start & end time) _____
<input type="checkbox"/> #3- CLASS (Combo, Ballet, Pointe, Tap, Jazz/Musical Theatre, Contemporary/ Lyrical, Acrobatic Arts, etc.)	DAY _____	Time (start & end time) _____
<input type="checkbox"/> #4- CLASS (Combo, Ballet, Pointe, Tap, Jazz/Musical Theatre, Contemporary/ Lyrical, Acrobatic Arts, etc.)	DAY _____	Time (start & end time) _____
<input type="checkbox"/> #5- CLASS (Combo, Ballet, Pointe, Tap, Jazz/Musical Theatre, Contemporary/ Lyrical, Acrobatic Arts, etc.)	DAY _____	Time (start & end time) _____
<input type="checkbox"/> #6- CLASS (Combo, Ballet, Pointe, Tap, Jazz/Musical Theatre, Contemporary/ Lyrical, Acrobatic Arts, etc.)	DAY _____	Time (start & end time) _____

### PRIVATE CLASSES \*Must also be enrolled in regular class discipline of Solo thru Ensemble. Please note: separate pricing applies

<input type="checkbox"/> Solo Weekly _____	<input type="checkbox"/> Bi-Weekly _____	Discipline (ex. Ballet Tech or Choreography) _____
<input type="checkbox"/> Duet Weekly _____	<input type="checkbox"/> Bi-Weekly _____	Discipline (ex. Ballet Tech or Choreography) _____
<input type="checkbox"/> Trio Weekly _____	<input type="checkbox"/> Bi-Weekly _____	Discipline (ex. Ballet Tech or Choreography) _____
<input type="checkbox"/> Quad Weekly _____	<input type="checkbox"/> Bi-Weekly _____	Discipline (ex. Ballet Tech or Choreography) _____
<input type="checkbox"/> Ensemble Weekly _____	<input type="checkbox"/> Bi-Weekly _____	Discipline (ex. Ballet Tech or Choreography) _____

I understand that my Administration/Enrollment fee is **NON-REFUNDABLE** and that I must give ADAAP a **30 day written notice of intent to discontinue any classes.** Otherwise, I will continue to be responsible for any tuition and other fees that accrue this season until the 30-day written notice is given. I understand that a **recital fee of \$90.00** is due **in addition to the purchase of a costume for my dancer** to participate in recital. ADAAP has my permission to use any photos or other likeness of my child in their printed studio materials, website, and other promotional material. I understand that-as with any physical activity-there are certain risks. I will not hold ADAAP, its employee's, instructors, subcontractors or affiliates responsible for loss, accident, or injury of any kind or Covid-19. I understand that dancer's 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 at any time and I **MUST COME TO THE DOOR TO PICK UP MY DANCER**, or additional fees may apply. I agree to abide by all rules, regulations, and policies of ADAAP 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) until written notification is given otherwise. I understand that I am responsible for checking ADAAP emails, the Parent Portal at [www.academvofdanceartsandperformance](http://www.academvofdanceartsandperformance) and information Boards at the studio to stay current on information necessary for my dancer.

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

**\*\*\*Return this application along with your child's \$90.00 Administration/Enrollment fee.\*\*\***

Office use: AMT\$ \_\_\_\_\_ Payment Method: \_\_\_\_\_ Date received: \_\_\_\_\_

[www.academyofdanceartsandperformance.com](http://www.academyofdanceartsandperformance.com)

(336) 526-1847

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Elkin, NC 28621

**MAIL TO: 543 West Main Street, Elkin, NC 28621**