



STUDIO ADDRESS – 4864 East 2nd Street, Benicia, CA 94510

MAILING ADDRESS – PO Box 2236, Benicia, CA 94510

(707) 373.7584, tiptaptoe@yahoo.com

www.tttperformingarts.com

2015/2016 ENROLLMENT APPLICATION (\$25 Annual Fee) – Please Fill out for EACH student enrolled

STUDENT NAME _____

ADDRESS _____ CITY _____ ZIP _____

DATE OF BIRTH _____ CURRENT AGE _____

TELEPHONE (HOME/WORK) _____

CELLULAR PHONE _____

EMAIL (most communication is through email) _____

NAMES OF PARENTS _____

EMERGENCY CONTACTS _____

Please share anything you want us to know about your child (for example, a medical condition) _____

Tip Tap Toe Dance Studio 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 Tip Tap Toe Dance Studio, 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 Tip Tap Toe Dance Studio 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. _____ **(initial)** * Please note that if a spot opens up for a class that you would like to change to after the December break, this allowed however, based on a first come first serve bases.

I WOULD LIKE TO SIGN UP MY CHILD FOR THE FOLLOWING:

Class Day and Time _____

Class Day and Time _____

Class Day and Time _____

I UNDERSTAND THAT TUITION IS BASED ON THE 10 MONTHS, BUT MAY BE PAID MONTHLY. I ALSO UNDERSTAND THAT I AM OBLIGATED FOR THE FULL 10 MONTHS THAT I SIGN UP FOR. _____ (initial)

SIGNED _____ **DATE** _____