

MISS LORE'S SCHOOL OF PERFORMING ARTS

Mailing Address: PO Box 16, Essexville, MI 48732

Location: 1416 State St. Bay City, MI 48706

2024-2025

89D-ANCE

staff@misslores.com

PLEASE TYPE/PRINT NAME _____

AGE (As of 9/24) _____ DATE OF BIRTH _____ GRADE (As of 9/24) _____ PHONE # _____

ADDRESS _____ CITY _____ ZIP _____

SCHOOL _____ DISMISSAL TIME _____

MOTHER'S NAME _____ FATHER'S NAME _____

EMPLOYMENT _____ EMPLOYMENT _____

CELL PHONE# _____ CELL PHONE# _____

EMAIL ADDRESS: _____

EMERGENCY NAME & NUMBER: _____

CLASSES DESIRED: **PLEASE CIRCLE** Classes Desired.

PRESCHOOL DANCE & TUMBLING

TAP ACRO/GYM JAZZ LYRICAL/CONTEMPORARY BALLET POINTE HIP HOP

COMPETITION TEAM _____

TEACHER/S PREFERENCE: _____

PREVIOUS TRAINING AT: _____ YEARS _____

PHYSICIAN: _____ PHONE: _____

MEDICAL CONDITIONS: _____

SCHEDULING INFORMATION (work schedule, friends/relatives to be scheduled with, CCD, other activities)

RELATIVES/FRIENDS AT STUDIO _____

STUDENTS, the \$35.00, non-refundable registration fee. (**FREE T-shirt** if turned in by **MAY 15th**) **Class placement is assured when we receive your registration fee.** Registration received after MAY 15th will be placed where there are available openings.

CLASS TUITION is monthly, meaning the same each month, whether there are 3, 4 or 5 classes that month. There is NO DISCOUNT for missed lessons. Fees are due the first lesson of each month; a \$5.00 billing fee is added if a bill is sent. **Tuition and costume deposits are non-refundable.** Classes will be suspended for any student whose account is in arrears, with full payment to be made before return to class is permitted. A \$35.00 charge will be imposed on checks returned from the bank.

"I hereby assume all financial responsibility for the above student enrolled at Miss Lore's School of Performing Arts. I further understand that I will be held responsible for all expenses, until I notify the office and teachers that the above student will no longer be attending class."

Miss Lore's School of Performing Arts does not carry medical insurance for the students. It is required that all our students be covered by their own family insurance policies and if injury occurs it is understood that the student's own policy is your only source of reimbursement.

PARENTS/GUARDIAN, PLEASE SIGN: _____ DATE: _____

To be filled out by studio staff: Date Rec'd _____ R-fee _____ By _____

CLASSES: _____ DAY: _____ TIME: _____ LENGTH: _____