

Legacy Studios Parent/Student Contract for Study 2010-2011 **Date** _____

Student Name _____ Gender: M/F Age: _____ DOB: _____

Student Name _____ Gender: M/F Age: _____ DOB: _____

Student Name _____ Gender: M/F Age: _____ DOB: _____

Parent/Guardian Name _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____

Address: _____ City/State/Zip: _____

Email: _____

Any health issues we should know about? _____

Emergency contact: _____ Relationship _____

Emergency Phone: _____

Preferred Doctor: _____ Dr. Phone: _____

Preferred Hospital: _____

Please Read and Sign the Legacy Studios Enrollment and Tuition Agreement Page, indicating you will observe Legacy

Studios protocols and honor tuition payment guidelines for the service/s you select.

Legacy Studios Enrollment and Tuition Agreement 2010 – 2011

I agree, understand and accept the following terms for nine months enrollment at Legacy Studios:

- I will open and read Legacy Studios for the Performing Arts email communications.
- By selecting monthly class/es for my child/myself that I am enrolling in a 9 month (3 trimester) program, running August 30, 2010 - June 4, 2011 of instruction with tuition due on:

- **Aug 30, 2010 for the first trimester**
- **November 20, 2010 for the second trimester**
- **March 5, 2011 for the final trimester.**

----- That if I am registering for the first time at Legacy Studios for the Performing Arts, I must pay a one-time registration fee of \$25.00.

----- **That a tuition late fee of \$25.00 will be charged if trimester payment is made on or later than the following dates:**

- ◆ Sunday, November 21, 2010 for second trimester
- ◆ Sunday, March 6, 2011 for third trimester

----- That tuition fees are non-negotiable and are prorated for the year figuring in holidays and breaks.

----- That if my child/myself is absent from class/es due to personal needs, I am still responsible for paying the set tuition rate.

----- I understand I have the right to make up the missed Class Selection/s anytime before/by the last day of the current trimester those classes are missed.

- That should the need to add or drop a Class Selection/s arise, I will fill out an "add/drop" card to officially notify Legacy Studios of my change in enrollment/services contracted.
- That I will honor all agreements entered into with Legacy Studios.
- That I will settle my account balance before the last day of the nine month enrollment year.
- That my child/self will be appropriately attired for the given Class Selection/s and have hair arranged neatly according to the Legacy Studios dress code.
- That I will provide on-time transportation for my child to Legacy Studios so that participation in class/es and learning is maximized.
- That I will provide prompt pickup of my child following class/es.
- I, the undersigned parent/guardian hereby grant permission to Legacy Studios to use and/or reproduce photographs of my child for use in any legal manner and for the use in promotional information to be distributed internally and externally regarding Legacy Studios. I understand that by signing this release I waive any and all future compensation rights to the use of the above stated material/s.
- I, the undersigned parent/guardian hereby waive any and all claims against Legacy Studios and its staff for any liability including, but not limited to, personal/bodily injury and/or death, any property loss or damage during involvement in any class/es, rehearsal, performance or activity within the Legacy Studios facility or grounds. I acknowledge that student participation is voluntary, and therefore as the undersigned acknowledge potential injury associated with the physical aspects of dance training.

Legacy Studios is not responsible for lost, misplaced or stolen items. **All personal dance items will have the student's name written on them for identification.**

Legacy Studios will:

Provide regularly scheduled instruction as advertised/offered in our brochure/on website.

Provide a qualified substitute instructor during the nine month enrollment period for any class/es if the regular teacher is not able to instruct.

Provide all students the opportunity to make up personally missed lessons in an appropriate Class level for that student's skill level prior to the end of the trimester the missed class/es occurred.

Post all planned breaks and holidays on our website and in our brochure materials.

Follow the Durham Public Schools closing policy for inclement weather.

- \$ Provide male dancers up to the age of 18 years scholarship opportunities after paying the one time registration fee of \$25.00.
- \$ Provide an early email reminders of due dates for trimester tuition in place of a mailed paper reminder.

Additional Tuition payment options:

- Trimester tuition paid in full for nine months from the first month of enrollment to the last day of class /es.
- Tuition paid in two payments; the first half on day of enrollment, the second half on January 15, 2011.
- Class Selection/s fees are set per month and do not fluctuate since they are prorated to cover holidays and breaks.
- By signing this document I, _____ hereby agree to contract with, Legacy Studios for The Performing Arts, LLC for _____ months of dance instruction. I agree to pay total of \$_____ in trimester payments of \$_____ each.

I realize that even if my student does not attend every class/es signed up for, I am still responsible for my agreed upon trimesterly

payment/s, due on the dates listed above (accepted without late fee charge by the last trimester due date posted above). I

further understand that if it becomes necessary for Legacy Studios, LLC to legally pursue the party responsible for tuition payment (parent, guardian, or adult student) that the responsible party will have to reimburse all legal fees.

Signature of parent/Guardian or Student _____ Date _____

Signature of authorized studio representative _____ Date _____

Registering Student #1: _____

Class Selection/s	Day	Time	Total Hours	Class Selection/s	Day	Time	Total Hours

Health issues or Notes:

Registering Student #2: _____

Class Selection/s	Day	Time	Total Hours	Class Selection/s	Day	Time	Total Hours

Health issues or Notes:

Registering Student #3: _____

Class Selection/s	Day	Time	Total Hours	Class Selection/s	Day	Time	Total Hours

Health issues or Notes:

Registering Student #4: _____

Class Selection/s	Day	Time	Total Hours	Class Selection/s	Day	Time	Total Hours

Health issues or Notes: