



**Office Use Only**

Dance: \_\_\_\_\_

Studio: \_\_\_\_\_

Time: \_\_\_\_\_

**Enrollment Application 2022-2023**

Student Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent's Name \_\_\_\_\_

Street Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Contact Person for Emergency \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Does the student have any dance experience?  Yes  No If yes, how many years? \_\_\_\_\_

**T-shirt size: (Please Check)**

Youth:  XS  Small  Medium  Large  X-L

Adult:  Small  Medium  Large  X-L  XX-L

**Types of Dance Training: (Please Circle)**

Ballet Creative Movement Jazz Modern Hip-Hop Praise African

**Dance Class Fees: No Child Will Not Allowed To Take Class If Fees Have Not Been Paid**

- \$40.00- Non-Refundable Registration Fee
- \$70.00 Single Class
- \$140.00 Combo Class
- \$70.00 Private Class
- Studio Rental - Contact the studio for price

**Please be sure to complete the Waiver of Liability. You may contact 478-461-7602 or 478-262-6443 for additional information.**

## Waiver of Liability

I, the undersigned parent or legal guardian of the dancer(s) listed above, do hereby give permission for the aforementioned persons to participate in any and all classes, programs, shows and events offered by or attended by **Kali Dance Studio for the Arts**. I hereby accept all risks associated with that participation and understand that there is a full possibility of serious physical illness or injury. I hereby covenant not to sue and waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against **Kali Dance Studio for the Arts** and its owners, officers, directors, employees, and/or other assigned representative or volunteers from any and all liability and for any and all damages and/or injuries which may be sustained or suffered by the dancer(s) listed above while participating at or for **Kali Dance Studio for the Arts**. Furthermore, I hereby give my permission to **Kali Dance Studio for the Arts** to use photography and/or videos of the dancer(s) listed above as deemed appropriate for the promotion of **Kali Dance Studio for the Arts**.

## COVID 19

We are living in unprecedented times and the goal of Kali Dance Studio for the Arts is to make sure that your child is safe once they enter the building. There are guidelines that have been put in place, and it is very important that we work together to make this happen. Of course you are the best judge of your child's health and we trust that you will not bring a sick child to the studio. However, if in the opinion of the teaching staff that your child is sick, we will call you to come and pick her up. The following criteria will be used to determine if your child must go home.

- Fever of 100 degrees or more/Child will not be allowed to enter the building
- Communicable disease
- Inflammation of the eyes
- Vomiting
- Diarrhea

## Protocol For Students Entering The Building

- Students will be dropped off at the front door. Parents will remain in their cars
- Please arrive to class on time and pick her up on time. We have staggered the class times and must prepare for the next group.
- Temperatures will be checked upon arrival.
- Mask are mandatory for everyone. This is a non-negotiable
- Hand sanitizer will be distributed when entering and leaving the studio
- Students will practice social distance and will not be allowed to hug or touch another child. Parents, please speak to your child regarding this very important protocol.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



I have examined the policy and procedures and agree to abide by them.

Student Name \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_