Pointe of JOY - JOYHouse Dance
Dance Class Registration

Student: (first)_____(middle)_____(last)_____
Age: _____ Date of Birth:_____ Grade:_____ School:_____
Legal Guardian: _____ Relation: _____ Phone:_____
Legal Guardian: _____ Relation: _____Phone:_____
Do both legal guardians live in the same household as the student? Yes No
Primary Mailing Address: _____

_____

E-mail address for receiving important information:_____
Facebook Name(s): 1._____ 2._____

Please list 3 phone numbers to receive phone tree alerts/special reminders regarding weather & classes:
Phone: 1._____(name and relation)_____
Phone: 2._____(name and relation)_____
Phone: 3._____(name and relation)_____

Place a check mark beside each of the classes you are enrolling in:

_____ Level I (2-3yr): Mommy & Me - 1hr weekly class
_____ Level II (4-5yr): Ballet, Tap, & Jazz - 1 hr weekly class
_____ Level III (6-8yr): Ballet, Tap, Modern & Jazz - 1.5 hr weekly class
_____ Level IV (9-13yr): Ballet/Pre-Pointe - 2 hr weekly class
_____ Level IV (9-13yr): Modern, Tap & Jazz - 1.5 hr weekly class
_____ Level IV-V (9-18yr): Liturgical* - 1 hr weekly class
_____ Level V (9-18yr): Modern, Tap & Jazz - 1.5 hr weekly class
_____ Level V (14-18yr): Advanced Ballet & Pointe, 4 hr weekly class
_____ Private 30 minute lesson - $25/lesson, can meet 2 or 4 times/month, by appointment only
_____ Private 45 minute lesson $40/lesson, can meet 2 or 4 times/month, by appointment only

* Liturgical students are required to also enroll and participate in at least one additional technique class.

Please list any physical, psychological, or behavioral conditions, illnesses or injuries that could prevent the dancer from fully participating in classes: _____

_____

By initialing each statement and signing this registration form I acknowledge that I have read Pointe of JOY - JOYHouse Dance, LLC Studio Rules and Policies located on the website: pointeofjoy-joyhousedance.com and will uphold these policies to the best of my ability.
I attest that I do have and will keep a personal insurance policy and I understand that any illness or injury will be my own financial and legal responsibility, even in the loss of being able to perform.

Legal Guardian Name _____Signature _____ Date_____

Student Guardian Name _____Signature _____ Date_____

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information

Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐Other

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____

Cardholder ZIP Code (from credit card billing address): _____

CVV Code: _____

Agreement

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.