



PRE-DANCE
ENROLLMENT
FORM
SUMMER 2010

THE DANCE INSTITUTE OF WASHINGTON

Fabian Barnes, Founder and Artistic Director
3400 14th Street NW Washington, DC 20010

Diane Littles, Interim Executive Director
TEL: 202-371-9656 FAX: 202-371-9686

We are raising funds to support our Pre-Dance scholarship program for the Summer 2010 semester. Your contribution will introduce a child to the joy of dance. Please circle the amount of your tax deductible donation below. On behalf of DIW and our students we thank you for your generosity.

\$5 \$10 \$20 \$30 OTHER _____

Family Information:

You already have my information. I am updating my information.

Contact #1:

Last Name First Name Relationship

Home Phone Cell # Work #

Email (emails are kept confidential)

Address

City State Zip Code

Best Way to Contact

Student Information:

Last Name First Name Age

Gender Birth Date

School Grade

Program:

Pre-Dance	Time	Tuition
	<input type="checkbox"/> 9:30 – 10:15am	\$100
	<input type="checkbox"/> 10:30 – 11:15am	\$100
	<input type="checkbox"/> 11:30 – 12:15pm	\$100
	<input type="checkbox"/> 12:30 – 1:15pm	\$100

How did you hear about DIW?

- Current Student Advertisement Website _____
- Former Student Family/Friend My School _____
- Referral Flyer/Postcard Drive By _____

Current Income Level:

- \$10,000 - \$25,000 \$25,000 - \$40,000
- \$40,000 - \$55,000 \$55,000 - \$70,000
- \$70,000 +

Why did you choose DIW as your dance school?

What do you enjoy most about dance?

Payment Policy:

This agreement is between The Dance Institute of Washington (DIW) and _____ (Student Representative) for the terms and conditions of the payment of the above **Balance Due**. Student Representative represents and warrants that s/he is responsible for the student and accepts the responsibility for the Balance Due in this agreement. Payments must be received on time. Students whose accounts are past due will not be allowed to participate in class until accounts are brought up-to-date. Once registered for classes, Student Representative is held responsible for the entire tuition regardless of non-attendance due to tuition delinquency, expulsion, or withdrawal. Accounts that are seriously delinquent will be sent to a collection agency.

_____ (INITIAL) I HAVE READ THE ABOVE AND AGREE.

Withdrawal/Refund Policy:

Full refunds will only be given prior to the start of classes. Refunds are pro-rated within the first two weeks of classes. Students requesting withdrawal from classes and refunds must do so in writing. **No refunds will be given after the first two weeks of classes.** Students will be held responsible for the remainder of the tuition owed regardless of attendance. Students receiving scholarship awards are not eligible for refunds upon withdrawal.

_____ (INITIAL) I HAVE READ THE ABOVE AND AGREE.

Release of Liability

I/We guarantee that all of the above information is true. I/We give permission for the aforementioned student to participate in dance classes, auditions, and/or performances hosted by the Dance Institute of Washington (DIW). I/We will allow any photographs or other such images of the student to be used by DIW in any publications or advertisements now or in the future. If any medical emergency should arise while the student is in the care of DIW staff, then I/We give permission for the student to be taken to the hospital to receive any needed medical attention. I/We also hereby release and hold harmless DIW, its respective trustees, officers, employees, agents and independent contractors from and against any and all liability, damages, costs and expenses (including but not limited to reasonable attorney and paralegal fees), obligations, claims, penalties and charges with respect to any events or matters arising out of, or directly or indirectly resulting from (including, but not limited to bodily or mental injury) the aforementioned student's participation in any activity sponsored by and/or related to DIW.

_____ (INITIAL) I HAVE READ THE ABOVE AND AGREE.

Please list the names of the adults (18 or over) authorized to pick up your child at the end of each summer session day. Only the individuals listed below will be permitted to sign your child out daily.

Name	Relationship	Phone Number

Signature(s)

Dancer's Signature and Date	Parent/Guardian Signature and Date
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DO NOT WRITE IN THIS SECTION:	Registration Date: _____ Semester _____	<input type="checkbox"/> MCD	
Payment Type: <input type="checkbox"/> Check	<input type="checkbox"/> Cash	<input type="checkbox"/> Charge	<input type="checkbox"/> Money Order