



JUSTDANCE.COM ARTS PROGRAM

Fall Registration Packet

General information: (Please print all information in blue or black ink)

Participant Name:	Date Of Birth:	Gender: M or F	Grade (This Fall 2011)
Parent/Guardian Name:	Relation To Child:	Home Telephone:	Cell Telephone:
Address (include apt. Number):		City, State & Zip	

Registration/Payment Options

*****Tuition includes transportation. Please prepare to be at the pick-up and drop off location 15 minutes before scheduled pick-up and drop off times. The bus will not wait until every child is picked up. If you are not present at the drop-off site when the bus arrives, your child will be left unattended. There will be a \$30.00 penalty fee. See Policy and Procedures form for details.**

If tuition is left unpaid, every five days a \$10.00 late fee will be added.

<input type="checkbox"/> Registration \$50.00	Circle One: SINGLE / DOUBLE
<input type="checkbox"/> Monthly \$50.00/\$85.00	<input type="checkbox"/> Full Amount \$150.00/\$255.00 _____
<input type="checkbox"/> Bi-Weekly \$25.00/\$42.50	<input type="checkbox"/> Renew _____

Arts Interest

WEEK A 1 ST AND 3 RD SATURDAY	<input type="checkbox"/> YES	WEEK B 2 ND AND 4 TH SATURDAY	<input type="checkbox"/> YES
Ballet 2:00p.m. - 2:45p.m. DanceJam 3:00p.m. - 3:45p.m. Jazz 4:00p.m. - 4:45p.m.		Modern 2:00p.m. - 2:45p.m. African 3:00p.m. - 3:45p.m. Tap 4:00p.m. - 4:45p.m.	
5:00p.m. - 6:00p.m. Dance Mass ° Snack ° Departure			

Parent/Guardian Print:	Date:	Parent/ Guardian Signature:	Date
	_____ print		_____

DANCE N' MOTION STUDIO

JustDance.Com Arts Program

PARTICIPANT RULES OF CONDUCT CONTRACT

- When I arrive at the dance studio, I will sign-in, and will conduct myself in a manner that will not disrupt the activities of the program.
- When we are indoors, I will use my "inside voice," and I will not engage in "outside activities" such as ball playing, jumping rope, and running.
- During "activity & quiet times" I will be quiet and remain seated so I do not disturb others.
- I will cooperate with, and show respect for all adults in the studio center, management, and the staff and volunteers of Dance N' Motion Studio.
- I will not engage in inappropriate behavior, such as wrestling, fighting, foul language, name-calling, yelling, or disrespectful behavior. I understand that if I do, I may be suspended from the program.
- I will be considerate of other people's feelings and I will treat other people as I would like to be treated
- I will always try to maintain a positive attitude and to show respect for myself, and other people
- I will refrain from name-calling, foul language, and fighting/violence.
- I will respect other people's property.
- I understand that if I do not follow these rules of conduct I may not be allowed to continue participating in Dance N' Motion sponsored activities.

By signing below, I acknowledge that I have read and agree with the statements above.

Parent/Guardian Signature:	Date:	Participant Signature:	Date
Address (include apt. Number):		Home Telephone:	Daytime Telephone:

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BACK UP PLAN

Dear Parents/Guardians,

Circumstances may necessitate your child to leave the program early due to behavior or sickness. Sometimes due to personal reasons, professional obligations, inclement weather or staff illness the premature closing of the after school program and or community center may occur as such, aside from having an emergency contact, you must have a back-up plan in place for a destination for your child to go to in case of early dismissal or program closure. If there are any questions and or concerns, do not hesitate to contact program staff at 410.245.7312.

Thank you in advance for your cooperation.

Sincerely,

Alayna Davenport
Director

Linnea Poole
Lower School Coordinator

Please indicate below where child is to go in case of early dismissal/early program closure. (If possible, provide alternate address information):

Participant Name:	Parent/Guardian Signature:	Date
Address (include apt. Number):	Home Telephone:	Daytime Telephone:

Alternate Party Information:

Parent/Guardian/Other Name:	Home Telephone:	Daytime Telephone:
Address (include apt. Number):		

JustDance.Com Arts Program

Program/Medical Release Form

Period/Activity Covered: September 10, 2011 - December 17, 2011

MEDICAL INSURANCE INFORMATION

By signing below, I hereby give permission for my minor child to participate in Dance N' Motion activities, including field trips. I do hereby assume responsibility for any accident or injury, which may occur while the above named participant is engaged in activity participation or necessary transportation incidental to activity participation. I do hereby waive, release, and discharge any rights, claims, demands and causes of action for damages which I (or my child) may have or might otherwise hereafter have against the above named company, Dance N' Motion, its officers, employees, related organizations, designated instructors, supervisors, volunteers, for any and all injuries and damages which I (or my minor child) may suffer while engaged in activity participation, necessary transportation incidental to activity participation or as a result thereof.

In permitting my child to participate in Dance N' Motion activities, I am specifically granting my permission (both during and anytime after) to Dance N' Motion to use my child's likeness, name, voice and words in television, radio, film, newspapers, magazines, and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Dance N' Motion and/or applying for funds to Support these purposes and activities.

I hereby give Dance N' Motion employees, related organizations and volunteers' permission to have the named participant treated by a physician, if such action is deemed necessary. I understand that all costs incurred for such treatment is the sole responsibility of the undersigned.

Alayna Davenport, Director 410.245.7312	Linnea Poole, Lower School Coordinator 443.621.1705

(Participant Copy)



Program Structure Policies & Procedures

Purpose: The purpose of the policies and procedures outlined by Dance N' Motion and designed to ensure that the participants of the program receive the optimum benefits of attending a dance studio geared towards self and talent development. Administrators and staff persons are contracted to provide the youth participants a safe and structured environment in which they can demonstrate self expression and develop new skills and interests.

Programmatic Structure:

~ Program hours begin at 2p.m. and youth will remain participants of programming until 6pm. Program facilitators will be present to receive and structure for youth during these hours. In the event that you are unable to pick your child up by 6:30pm please contact the program facilitator to arrange for your child to receive support during a late pick up. Arrangements for late fee payments will be discussed at the time of pick up and parents and a staff person will complete the late pick up form.

~Because Dance N Motion provides transportation for our students to and from the studio (7100 Dogwood Road, Baltimore MD 21244) Transportation will arrive at the old Superpride parking lot located on Montford and Patterson Parkway at 1:30pm for pick-up and from drop-off at 6:30pm. Please plan to arrive at transport location at least 15 minutes early for pick-up and drop-off to ensure no students are left unattended. The transportation service will not be responsible for waiting until all children are picked up. However, there will be a ten minute grace period after drop-off time if there are any remaining students, at which time the bus will transport the student(s) back to the studio. The cost for late pick up and transport will be \$30 for each fifteenth minutes after 6:40pm. It is important to have current emergency information for each participant in the event that we are unable to contact the parent/guardian.

~Parents must make sure that each student has been provided with a healthy lunch before entering transportation and/or the studio. If you would like your student to bring with them a snack or light dinner, please make sure that it does not require microwaving or cooking. Please inform the program Director of any food allergies that your child has during the time of registration. Each student will also be provided with a snack and beverage before closing and departure.

~Youth are expected to conduct themselves appropriately and respectfully in their participation in the program. There is no tolerance policy for cursing, harassment, physical and verbal altercations, the possession of weapons and illegal substances and most importantly endangering others. In the event that your child is found responsible for any of the above listed, they will be dismissed for the day and the severity of the incident will determine their continued participation in the program. Parents and Guardians are welcomed at any time to schedule an appointment to discuss incidents and to advocate for their child. We emplor parents/guardians to communicate the seriousness of these offenses with their children prior to the start date, so that youth are clear around the policies.

~ Parents/guardians and staff are expected to conduct themselves accordingly and remember that they are role models for the youth participants. We are committed to ensuring that the youth are not exposed to negative behaviors and will take all measures to discourage inappropriate behaviors and activities including utilizing law enforcement support in extreme situations.

~ Parents/guardians are required to pay the monthly tuition on or prior to the Friday of the previous month. Parents have the option of paying for months in advance. Bi-weekly and monthly payment schedules with the Administrator will be arranged during registration. Payments may also be received in the form of a money order. The program structure is a 24 week (September - December) commitment and in your child's absence payment is still required monthly.

~In the event of emergency we refer your attention to the Liability Form completed during registration and we reiterate the importance of having at least three emergency contact persons to support your child in the event that you are not available. We assure parents/guardians that the structure developed for the program is strategically designed to prevent incidents of emergency; however we are aware that there are instances beyond programmatic control.

~ As policy we require parental and guardian support throughout the session and parents/guardians are asked occasionally to participate in events and the planning for events.

(Participant Copy)



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Medical/Allergies Information

Health information: Does your child have a history of the following?

	YES	NO		YES	NO
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Allergies (including insect)	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please indicate what & action needed if exposed:

	YES	NO		YES	NO
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Heart problems	<input type="checkbox"/>	<input type="checkbox"/>	Sensitivity to heat	<input type="checkbox"/>	<input type="checkbox"/>
High/low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Special diet	<input type="checkbox"/>	<input type="checkbox"/>
Recent contagious disease (measles, mumps, chickenpox, etc.)				<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain:

Other medical concerns, please explain:

Medications please indicate name & purpose):

Date of last tetanus shot:

Participant Name:	Parent/Guardian Signature:	Date
Name of Insurance Company or Health Choice Provider (MA)	Policy ID Number	
Address (Include Apt. Number):	Primary Doctor Name	

JustDance.Com Arts Program Checklist

Checklist:

Received _____

Registration Payment

Tuition Fees

Registration Form

Rules of Conduct Form

Back Up Plan Form

Program/Medical Release Form

Summer Structure Policies Form

Allergies Information Form