

# P E R K I N S

## SCHOOL OF THE ARTS

Norwich: 607-336-6143

Vestal: 607-205-1431

email: [info@perkinsdance.com](mailto:info@perkinsdance.com) [www.perkinsdance.com](http://www.perkinsdance.com)

Each student will be required to turn in their signed student profile and payment plan as well as their medical release form **prior to beginning their first class**. There will be NO EXCEPTIONS.

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

Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_ Grade: \_\_\_\_ School: \_\_\_\_\_

Parent Name\* (**responsible for payment**): \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

EMAIL (required) PLEASE PRINT CLEARLY!!! \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

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

I, \_\_\_\_\_ am responsible for \_\_\_\_\_'s tuition for dance from September 2017 through and including June 2018.\* In the situation of a two-family commitment, **BOTH** parents responsible for tuition **MUST** complete a Payment Plan Contract **PRIOR TO STUDENT BEGINNING CLASSES**. Any student with an existing balance from the 2016-2017 year cannot begin classes until their account is brought current. Tuition is DUE on the 1<sup>st</sup> of every month, **ANY** account not paid by the 10<sup>th</sup> of the month **WILL BE ASSESSED a LATE FEE of \$2.00 PER CLASS**. **ALL** accounts not paid by the 1<sup>st</sup> of the following month **WILL BE ASSESSED a 2.5% INTEREST FEE!!** Anyone with issues regarding their account must call the **Norwich office** Monday-Thursday after 6p.m. **NOTE: BILLS ARE NOT SENT HOME UNLESS THE ACCOUNT IS LATE!** If you wish to have a monthly bill sent home, you must indicate that on this contract. Ask about "AUTO-Bill" –we can bill your credit card automatically each month – **NEVER have a late payment!**

PLEASE SELECT YOUR PAYMENT PLAN CHOICE: **MONTHLY MONTHLY UNLIMITED YEARLY**

**NOTE: A Registration fee of \$15.00 (non-refundable) per student is due at time of registration for all students-October 1 it increases to \$20 (non-refundable) per student.**

*In the event I fail to pay the balance due on this account with the Perkins School of the Arts and it is necessary for the Perkins School of the Arts to pursue the balance with a collection agency, by signing below I acknowledge and agree to pay any fees associated with the collection of this balance or any other portion thereof including but not limited to court costs, process server fee, interest on the balance, collection fees or no more than an additional one-third of the balance due and attorneys fees of no more than an additional one-sixth of the original balance. Date: \_\_\_\_\_ Signature \_\_\_\_\_ as person responsible for this account, whether that be parent/natural guardian or other.*

**Auto-pay option\*: Select one: YES NO if yes, select one: VISA MASTERCARD**

\*Auto pay option will include allowing the charge of costume deposit fee October 23, 2017 and balance of costume fees on December 4, 2017, including a 5% upcharge fee on both payment portions.

Account Number \_\_\_\_\_ Expiration date: \_\_\_\_\_ Name exactly as shown on card: \_\_\_\_\_

EMERGENCY CONTACTS & PHONE: \_\_\_\_\_  
PRINTED FULL NAME OF EMERGENCY CONTACT, HOME/WORK/CELL NUMBERS

Relationship: \_\_\_\_\_ Student Medical Limitations: \_\_\_\_\_

Student Medical History: \_\_\_\_\_ Student Allergies: \_\_\_\_\_

I understand that in the natural course of dance class or dance related classes, rehearsals, or performances where there is physical movement involved; there is a risk of physical injury possible, even broken bones. I understand and assume the risk, and in no way hold the *Perkins School of the Arts* responsible for any injury to the above named student(s).

*Please sign below that you have read and understood all rules and regulations of the Perkins School of the Arts.*

Student \_\_\_\_\_ Date: \_\_\_\_\_ Parent \_\_\_\_\_ Date: \_\_\_\_\_

Studio receipt date: \_\_\_\_\_ By: \_\_\_\_\_