

DAVID K'S MUSIC SCHOOL, INC
Dba Almaden School of Music, Art & Dance
5353 Almaden Expressway # 12
San Jose, CA 95118
(408) 267-3651

DATE _____

DANCE PROGRAM

APPLICATION FOR ENROLLMENT

Student's Name: Last _____ First _____

Date of Birth: _____ Male Female
Month/Day/Year

Address: _____
Street city zip

Phone Number: Home _____ Work _____ Other _____

Name of Parent/Legal Guardian _____
(If under 18)

EMAIL _____ May we contact you by email? Yes/No

Emergency Contact: Name _____ Phone Number _____

Address _____
Street city zip

How did you hear about us? Newspaper Friend Radio Internet Other

Please check areas of interest. (Mark all that apply.)

Pre Ballet Jazz Hula/Tahitian Ballroom

Ballet I Tap Salsa Other

Ballet II Hip Hop Acrobatics _____

Pointe

Previous Classes: _____

Physical Limitations, if any: _____

Allergies/Medications: _____

Registration: There is an Annual Registration fee of \$60 and \$40 for each additional family member
Registration Fees are not refundable.

Tuition: Tuition is charged PER SESSION Monthly installments are available and due before the first of the month. Tuition is subject to a \$10 late fee after the fifth of the month. A \$12 fee will be charged on all returned checks. Please refer to our full tuition policy for more information.

Refunds: There are no refunds for missed classes or voluntary withdrawal during the term. In the event that a class is cancelled due to insufficient enrollment, a refund will be issued for the remaining classes.

Missed Classes: Make-up lessons may be arranged for lessons missed due to sudden illness or family emergency. Lessons may be rescheduled with 24 hour advance notice. Rescheduling is subject to teacher availability. Missed lessons without 24 hour notice and without a phone call to the school, prior to the class, to report an illness will be forfeited.

Drop/Add Policy: 30 Days written notice is required to drop a class. Classes may be added at any time space is available. Please speak to the receptionist about scheduling.

PLEASE INITIAL THE FOLLOWING :

_____ I have provided all pertinent medical information to DAVID K'S MUSIC SCHOOL , INC .

_____ I hereby authorize DAVID K'S MUSIC SCHOOL, INC personnel to obtain emergency medical treatment for my child at my expense.

_____ I agree to hold DAVID K'S MUSIC SCHOOL , INC harmless in the case of injury or death. I am responsible for my own actions and the actions of my minor children.

_____ I understand the registration fees are NON -REFUNDABLE .

_____ I understand that tuition is charged PER SESSION .

_____ I understand that attendance does not affect tuition.

_____ I understand monthly installment s are due before the 1st of each month.

_____ I understand 30 DAYS WRITTEN NOTICE is required to drop a class.

_____ I understand an administrative fee of \$21 will be assessed for classes dropped after the second week in a session.

_____ I understand and agree to the terms of the tuition policy of DAVID K'S MUSIC SCHOOL, INC

Signature _____

Date _____

(Parent or Guardian if under 18)

For Office Use Only: Registration Fee: \$60 Discounted Fee \$40

Received Check # _____ /Cash _____ By: _____

Schedule: