



Just Dance Performing Arts Dance Studio, Inc.

2774 NW 167 Street • Miami Gardens, FL 33054 • Phone: 786-251-6292
Website: www.simonesjustdance.com • Email: justdancestudio2010@yahoo.com

2024 FALL REGISTRATION FORM

Child's Last Name:	Child's First name:	Middle Initial:	
Address:	City:	State:	Zip:
Home Phone #:	Cell Phone #:	Child's Birth Date:	
Custodial Parent/Guardian's Name:			
Parent/Guardian's E-mail Address (<i>please print clearly</i>):			
Child is in the custodial care of: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Other (specify):			
Second Parent/Guardian's Name:		Contact #:	
My child has permission to walk home or leave the Dance Studio without adult supervision? YES_____ NO_____			
Name of Grade School Dancer Attends:		Next Grade level:	
Special Instr/Needs (<i>please check all that apply</i>): <input type="checkbox"/> Medical <input type="checkbox"/> Behavior <input type="checkbox"/> Dietary <input type="checkbox"/> Allergies <input type="checkbox"/> Other			
Please specify:			
EMERGENCY CONTACT (<i>In case Parent/Guardian cannot be reached</i>)			
Primary Emergency Contact's Name:		Relationship to child:	
Home Phone #:	Cell Phone #:	Work Phone #:	
Secondary Emergency Contact's Name:		Relationship to child:	
Home Phone #:	Cell Phone #:	Work Phone #:	

- I give my permission for my child to attend and to participate in all phases of this program, including field trips, when applicable. I give my permission to Simone's Just Dance Performing Arts Dance Studio, Inc. to take photographs and/or video of my child for promotional purposes.
- I do hereby release Simone's Just Dance Performing Arts Dance Studio, Inc. from all liability for any accident or injury that might be sustained through my child's participation in this program.
- I understand that Simone's Just Dance Performing Arts Dance Studio, Inc. is not responsible for money, personal items, etc., lost, stolen or misplaced during the program and we discourage participants from bringing such items.
- I acknowledge that I have read and fully understand the policies, rules and regulations, and agree to adhere to said rules or face disciplinary actions.
- Multiple Child Discount Rates are available; please inquire if you are registering three (3) or more children living in the same household.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

PAYMENT INFORMATION (For Office Use Only)	
Registration Fee (<i>Non-Refundable</i>): \$70.00	
MONTHLY Fee: \$200.00	
Registration received by:	
Total paid upon registration: \$	Registration Date:

Please make money orders payable to: **Simone's Just Dance**



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RULES & REGULATIONS

Registration & Weekly Tuition:

- There is a **\$70** non-refundable registration fee, per student, due upon enrollment.
- Monthly Fee is **\$200** and is due on the 1st of each month.
- There will be a **\$10 per day** late fee added to your child's account for tuition paid after the 1st of the month _____ (**Initial**)
- If full tuition is not paid by the end of the week, your child will not be permitted to return until the account is in good standing.
- Payments can be made with Cash, Zelle or Money Orders **ONLY**; **NO** personal checks will be accepted. Money Order should be payable to: *Simone's Just Dance*.

Studio Hours & Attendance:

- Simone's Just Dance hours of operation are:
 - Monday – Thursday from 5:30pm to 9:00PM
 - You will be charged **\$1 p/minute** late pick-up fee for every 1 minute after class time, ex. beginning at 6:01pm. _____ (**Initial**)
 - Office Hours: 5:00pm – 9:30pm

Dress Code:

- Daily practice attire is as follows:
 - Black Leotard, Black Tights (*no holes*), Black V-cut shorts, Black Sneakers and Black Ballet Shoes;
 - You may not be permitted to practice, if you are not properly dressed.

Holidays/Cancellations:

- Simone's Just Dance Performing Arts Studio, Inc. will be closed for all major holidays!
- You will be notified in advance, of any and all rehearsal cancellations. In the event of an emergency cancellation, you will be notified via telephone and/or email, please make sure our office has your most current information.

*** Simone's Just Dance Performing Arts Dance Studio, Inc. strives to maintain a safe environment that is conducive to learning. The rules imposed by the studio are there to protect all students and to ensure that each student gets the most out of their instructional dance sessions.*

General Rules & Regulations:

- You must always SHOW RESPECT to all Staff, Coaches, Parents, Teammates and YOURSELVES!
- Leave all poor ATTITUDES and negative ENERGY at home, come in with a positive attitude and a willingness to learn – 100% effort and commitment is required!
- No profanity or foul language at any time.
- No JEWELRY (*i.e. earrings, bracelets, necklaces, watches, etc.*) can be worn during practice; Instructor approved jewelry may be worn during performances.
- **Not** every participant will perform in every Event. Dancers are selected based on practice attendance and efforts, space limitations, dance ability and most importantly ATTITUDE!
- Due to limited space, **NO** observers will be permitted inside the studio. Instructors are available, by appointment, to discuss your child's progress. Parents may be allowed to observe their child's progress only at the discretion of the dance instructor.
- All cell phones must be turned off and placed in the cell phone basket upon arrival. In case of an emergency, parents can contact the dance instructor.
- To protect the dance floor, hard bottom shoes are not permitted inside the studio.
- Be RESPONSIBLE, place all personal belongings and dance paraphernalia in your dance bag. Do not leave items in the cubby stations, bathrooms, etc. *Simone's Just Dance Performing Arts Dance Studio, Inc.* is not responsible for lost, misplaced or stolen items.
- No food, drinks, gum, candy or smoking are allowed in the studio.
- No video cameras are allowed in the studio without advance permission from the studio management.

Injuries:

- Parents/Legal Guardians of minor students waive the right to any legal action for any injury sustained on studio property resulting from normal dance activity or any other activity conducted by the student before, during or after class time.

Disciplinary Action Plan:

- 1st offense (depending on severity) – Verbal and written warning by Instructor
- 2nd offense (depending on severity) – Parent/Instructor Conference
- 3rd offense – permanent dismissal from camp/studio

I, _____ acknowledge that I have read and fully understand the above policies, rules and regulations, and I agree to adhere to said rules or face disciplinary action.

Signature of Dance Member

Date

Signature of Parent/Guardian

Date



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HEALTH HISTORY FORM

GENERAL INFORMATION

Child's Full Name:	Birth Date:	Age:
Parent/Legal Guardian's Name:		
Parent/Guardian's E-mail Address:		
Do you carry health insurance? _____ Yes _____ No		
If so, please indicate: Carrier:		Group/Policy No:
Name of Child's primary physician:		Phone No.:

CHILD'S HEALTH HISTORY

Are the child's immunization records up-to-date: _____ Yes _____ No				
Please check any and all of the following which have occurred to the child or in the child's family history:				
<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Heart disease	<input type="checkbox"/> MMR
<input type="checkbox"/> Poison Ivy	<input type="checkbox"/> Seizures/Convulsions	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	<input type="checkbox"/> Insect Sting
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Bleeding disorders			
Does the child have any allergies? _____ Yes _____ No				
Please specify:				
Has the child had any major operations/surgeries? _____ Yes _____ No				
Please specify:				
Does the child have any activity restrictions? _____ Yes _____ No				
Please specify/explain:				
Will your child need to take any medications? _____ Yes _____ No				
Type of Medicine:		How often to administer?		
My child has permission to participate in all camp activities, except as noted. I hereby give my permission to the medical personnel selected by the Camp Director to order X-rays, routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Camp Director to hospitalize or secure proper treatment (<i>including surgery, injection and/or anesthesia</i>) for my child as named above.				
Signature of Parent/Legal Guardian:			Date:	



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LIABILITY RELEASE

LIABILITY RELEASE STATEMENT

Child's Name:

____ I acknowledge that my child has been accepted to participate in Simone's Just Dance Performing Arts Dance Studio's Summer Camp Program. I hereby release, discharge and waive Simone's Just Dance Performing Arts Dance Studio Inc. and its employees from all liability for injuries, loss or damages and any claims for damage to my child or her property while in Summer Camp. I have agreed to emergency treatment by a physician or hospital in the event that I cannot be reached. I have disclosed all relevant information regarding my child's health condition.

PERMISSION FOR TRANSPORTATION

____ My child has my permission to use transportation provided or contracted by Simone's Just Dance Performing Arts Dance Studio, Inc.'s personnel to schedule camp activities including swimming, bowling, movies, parks and all other activities associated with this Summer Camp. I release the driver and Simone's Just Dance Performing Arts Dance Studio, Inc. from any liability associated with the transportation of my child.

MEDIA RELEASE STATEMENT

I do hereby ☐ grant or ☐ deny permission for Simone's Just Dance Performing Arts Dance Studio, Inc. to use my child's image with unrestricted usage for print, video and digital media. Such use includes the display, distribution, publication, transmission or otherwise use of photographs, images and/or video taken of my child for use in materials that include, but may not be limited to, printed materials, such as, brochures and newsletters, videos and digital images. I agree that these images may be used by Simone's Just Dance Performing Arts Dance Studio, Inc. for a variety of purposes and that these images may be used without further notifying me. I do understand that my child's last name will not be used in conjunction with any video or digital images.

RELEASE OF DANCER

Upon proper proof of identity, campers will ONLY be released to those individuals listed below (please be sure to include all authorized persons).

Name

Relationship to Dancer

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Parent/Guardian's Signature:

Date:



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RECITAL FEES

Simone's Just Dance produces two annual recitals per year in which all our dance students will perform. Each student participating in the recital will be charged a one-time production fee of \$150. This helps with some of the costs associated with producing our annual recitals. With this fee you will receive:

~Company T-Shirt

~ A video of the Recital

~ (2) Free Recital Tickets. Any additional tickets will need to be purchased.

*Production Fees can be broken down into installments but must be paid in full by December 1st (Fall Students) or May 1st (Spring Students).

1st Installment Payment _____ Amount _____

2nd Installment Payment _____ Amount _____

3rd Installment Payment _____ Amount _____

4th Installment Payment _____ Amount _____

By my signature, I acknowledge that I have read, understand, and agree to the above requirement.

Parent Signature

Date