



**TINY TOES INTELLIDANCE®
STUDENT REGISTRATION FORM**

Date: _____

Student Name: _____ Student Phone: _____

Student Birth Date: _____ Student Age: _____ Gender: _____

Parent #1 Name: _____ Parent #1 Cell: _____

Parent #2 Name: _____ Parent #2 Cell: _____

Parent #1 Occupation: _____ Parent # 2 Occupation: _____

Email: _____

Mailing Address: _____

City: State: _____ Zip Code: _____

Emergency Contact and Phone# (other than parent): _____

Health conditions that instructors need to be aware of: _____

Does your child have any previous dance training? _____

If so, how many years and where? _____

How did you hear about CBT?			
Facebook	Instagram	YouTube	Other online resource: Pls. Specify: _____
Window Ads	Surfing the net	Walk-in today	Google
Neighborhood event: Please specify: _____			
Referral from a friend – Please share who: _____			

■ **Office use only:**

Student Registration Fee - **Registration Date:** _____ Policies & Procedures
Auto Pay Payment Options Students By District Ambassador Program Referral
Akada Wix – Active Students Wix – General Contacts Wix – Adult Students
COVID-19 waiver Enrollment Report Welcome Text Welcome Email



2023-2024 TINY TOES POLICIES AND PROCEDURES

REGARDING PAYMENTS & FEES

1. The **2023 TINY TOES** tuition must be paid in full, no exceptions.
2. **No refunds.** In the event that your child needs to withdraw, withdrawal form must be received by the first date of the session. **If withdrawal happens after the session begins, there is no guarantee of no tuition credits.**
3. **Make-up classes** may be scheduled during the **TINY TOES program only**, no exceptions.
3. A **registration fee** of \$25 per person for all **new** students is required upon enrollment.

REGARDING CLASS PROTOCOL/PROCEDURES

1. Students must participate with an **overseeing adult caregiver**.
2. **Please notify the studio if a student will be absent: Call (718) 891-6199 or email info@covenantballet.org.**
3. **There is no uniform for TINY TOES.** Recommended dress is: 1. Girls- light pink leotard, tights, attached or pull-on skirt, and ballet shoes, with hair in a ponytail or bun; 2. Boys- white t-shirt and black biking shorts, with white socks and white ballet shoes.
4. Students must be properly covered up and dressed appropriately in street clothes when entering and exiting studio building.

GENERAL ACADEMY POLICIES

1. Refrain from misusing God's name and using profanities in and around the studio.
2. Eating and drinking are only allowed in reception area, **not in the dressing room.**
3. No gum chewing anywhere in the facility.
4. Keep valuables with you at all times. **Studio is not responsible for lost or stolen articles.**
5. The Academy staff reserves the right to refuse anyone from taking class. Reasons may include, but not limited to, repeated disregard or negligence of academy policies, delinquent in payments, disruptive behavior, or any other mischief that puts the studio, it's staff or visitors in jeopardy.
6. **Parents, legal guardians of minors, students and adult students waive the right to any legal action for any injury sustained on school property resulting from normal dance activities or any other activities conducted by the students before, during or after class** **time.**

PHOTOGRAPHY RELEASE

7. CBT shall have the right to use students' name and photograph and to exhibit the same through any medium whatsoever for advertising or promotional purposes. All such reproductions shall be selected by and remain the exclusive property of CBT.

I AM AWARE AND UNDERSTAND THAT THE ACTIVITY IS A POTENTIALLY DANGEROUS ACTIVITY AND INVOLVES THE RISK OF SERIOUS INJURY, DISABILITY, DEATH, AND/OR PROPERTY DAMAGE. I ACKNOWLEDGE THAT ANY INJURIES THAT THE STUDENT SUSTAINS MAY RESULT FROM OR BE COMPOUNDED BY NEGLIGENT EMERGENCY RESPONSE OR RESCUE OPERATIONS OF THE COMPANY. NOTWITHSTANDING THE RISK, I ACKNOWLEDGE THAT THE STUDENT IS KNOWINGLY AND VOLUNTARILY PARTICIPATING IN THE ACTIVITIES, AND I HAVE AN EXPRESS UNDERSTANDING OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS OF INJURY, DISABILITY, DEATH, AND/OR PROPERTY DAMAGE ARISING FROM THE STUDENT'S PARTICIPATION IN THE ACTIVITY, WHETHER CAUSED BY THE ORDINARY NEGLIGENCE OF THE COMPANY OR OTHERWISE.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTOOD ALL OF THE TERMS OF THE 2023-2024 POLICIES AND PROCEDURES. I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions detailed in the 2023-2024 Policies and Procedures:

Parent Signature

Date _____

Student Name