

**STUDENT ENROLLMENT FORM  
2020-21**

**MAIL TO: Bergmann School Of Dance  
1508 Fort Worth Hwy. Ste. 200  
Weatherford, TX. 76086**

Student Information:

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Previous Years of Dance: \_\_\_\_\_

\*\*\*\*\*Does the student have any special needs/medical conditions the instructor needs to be aware of?

Classes student wishes to take: Ballet \_\_\_\_\_ Pointe/Pre Pointe (with teacher's approval) \_\_\_\_\_ Tap \_\_\_\_\_  
Jazz \_\_\_\_\_ Contemporary \_\_\_\_\_ Pilates \_\_\_\_\_ Pre School Ballet/Tap combo \_\_\_\_\_  
Homeschool \_\_\_\_\_ Public/Private School \_\_\_\_\_ Dismissal Time \_\_\_\_\_  
Days that are NOT convenient (please list no more than two) \_\_\_\_\_

Parent/Guardian Information:

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Contact:

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Financial Agreement:**

Payment by: Month \_\_\_\_\_ Semester \_\_\_\_\_

Check/Cash at studio \_\_\_\_\_

Via: waveapps.com

- I authorize Bergmann School Of Dance to charge my credit card monthly/semester, for payment of services for the duration of the school year. If Bergmann School Of Dance is unable to process my payment, I will be responsible for an alternate payment arrangement. This Authorization is in effect until I notify Bergmann School Of Dance otherwise in writing.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We understand that Bergmann School of Dance charges a \$45.00 Rectial Fee and Costume Fee (priced according to classes taken). Fees are NOT refundable. I/We commit our student(s) to complete the school year (August to May) at Bergmann School of Dance and agree to pay the monthly/semester dance tuition fees regardless of my child(s) attendance. I/We understand the student(s) have two excused absences and all classes thereafter must be made up by attending the next available class.

**NOTICE:**

I/We understand that although Bergmann School of Dance, LLC staff makes every effort to instruct students in the proper and safe way to execute dance steps and tumbling maneuvers, injuries can still occur, especially at the more advanced levels. Therefore I/We agree to hold harmless the Bergmann School of Dance, LLC owners, directors, and employees from any and all claims, damages or liabilities for personal injuries, property damage, or loss or theft of personal items arising out of or in any way connected with the use of the Bergmann School of Dance, LLC facilities by me, my child, or any guest thereof. I/We further understand it is the responsibility of each parent/student to convey to the staff of Bergmann School of Dance, LLC information about any physical, mental, or other condition that may have an effect on the student's ability to perform class activities. I/We hereby authorize emergency medical treatment in the event it may be required.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_