

Intensive

REGISTRATION FORM

PARENT INFORMATION

Mothers Full Name:

Cell Phone:

Fathers Full Name:

Cell Phone:

Email Address:

Email Address:

Address

:

City

:

State:

Zip Code

:

Home Phone

:

STUDENT INFORMATION

Full Name

:

Current Age

:

Date Of Birth

:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M	D	D	Y	Y

School

:

Grade as of 9/1/24

:

HEALTH INFORMATION

DOES YOUR CHILD HAVE ANY ILLNESS, ALLERGIES OR HEALTH CONDITION THAT WE SHOULD BE AWARE OF?
(If so, please explain below)

Yes

No

Emergency Contact:

Phone:

PLEASE COMPLETE AND SIGN THE REVERSE SIDE OF THIS FORM



JOHN HAYES O'NEILL STUDIO OF DANCE

Intensive REGISTRATION FORM

INTENSIVE INFORMATION

Intermediate/Advanced	<input type="checkbox"/>	Week 1:	<input type="checkbox"/>	Week 2:	<input type="checkbox"/>	Both Weeks:	<input type="checkbox"/>
Beginner - Intermediate 1	<input type="checkbox"/>	Beginner 1:	<input type="checkbox"/>	Beginner 2:	<input type="checkbox"/>	Intermediate 1:	<input type="checkbox"/>
Registration Fee - \$50.00	<input type="checkbox"/>						
Tuition amount due by June 8th, 2024	<input type="text"/>						

Your child's intensive placement will be determined by the Artistic Directors before filling out this form. Please do not submit your registration form without consulting with Stephen and Canan Jackson first

INTENSIVE CONTRACT AGREEMENT

I UNDERSTAND THAT I AM ENROLLING AT THE JOHN HAYES O'NEILL STUDIO OF DANCE FOR THE SUMMER INTENSIVE 2024. I ALSO UNDERSTAND THAT THERE IS NO REFUND OF TUITION UNLESS THERE IS A MEDICAL REASON AND THE OFFICE HAS RECEIVED A CERTIFICATE OF THE STUDENTS INABILITY TO ATTEND CLASSES FROM A DOCTOR. IN SIGNING THIS CONTRACT, I REALIZE THAT I AM LIABLE FOR PAYMENT OF TUITION FOR THE FULL SUMMER INTENSIVE UNLESS, PRIOR TO THE START OF THE SUMMER INTENSIVE, THE STUDIO HAS RECEIVED IN WRITING MY INTENT TO WITHDRAW FROM THE INTENSIVE.

I UNDERSTAND THAT THE JOHN HAYES O'NEILL STUDIO OF DANCE AND ITS STAFF SHALL NOT BE HELD LIABLE IN ANY WAY FOR INJURIES SUSTAINED DURING THE ATTENDANCE AT THE SCHOOL OR ANY OF ITS RELATED FUNCTIONS. I ALSO AGREE TO THE STUDIO RULES AND REGULATIONS, A COPY OF WHICH I HAVE RECEIVED.

Parent Signature

Date

JOHN HAYES O'NEILL STUDIO OF DANCE