

# Registration Form

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

## I. Student Information

Program Enrollment (additional options may be added separating students by age based on number of enrollments);



Fall 2-4 yrs-  
Morning  
Tues/Thurs  
9:00-11:30am



Fall 4-5 yrs-  
Morning  
Mon/Wed/Fri  
9:00-11:30am

Student's Name:

\_\_\_\_\_  
(First)

\_\_\_\_\_  
(Middle)

\_\_\_\_\_  
(Last)

Address:

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(Zip)

Date of Birth:

\_\_\_\_\_

Age:

\_\_\_\_\_

Home Phone:

( ) \_\_\_\_\_

## II. Family Information

Mother's Name:

\_\_\_\_\_

Father's Name:

\_\_\_\_\_

Mother's Cell:

\_\_\_\_\_

Father's Cell:

\_\_\_\_\_

Mother's Work:

\_\_\_\_\_

Father's Work:

\_\_\_\_\_

Mother's Email:

\_\_\_\_\_

Father's Email:

\_\_\_\_\_

Marital Status:

\_\_\_\_\_

If parents do not live together, with whom does your child live?

Is there anyone to who your child can or should be released to?

Is there anyone to who your child may not be released?

(Appropriate LEGAL documentation may need to be on file in order to enforce.)

Whom will be mainly responsible for child pick-up?

Emergency Contact Name and Number (other than the parents):

## III. Fees to Expect

\$25 – Registration Fee

\$80 or \$105/month – Tuition

\$30 – Field Trip Fees (includes 4-5 field trips, charged with Nov tuition or can be paid at time of registration)

**IV. Tuition**

All students are set up on an EFT (Electronic Funds Transfer) system. Fees will be debited from a designated savings, checking or credit card account on the 5<sup>th</sup> of every month for the amount agreed and signed upon. No Exceptions. Monthly cash payments are not accepted. If your payment does not go through for ANY reason you will be charged a \$25 NSF fee and must pay the balance within 7 days from notification. A late fee of \$10 will be charged if delinquent past the 15<sup>th</sup> of the month. The student will be suspended or dropped from the class if account is delinquent for 30 or more days and arrangements are not made. Account will then be turned over to a collection agency. Parents are responsible for any and all collections costs. Any and all EFT changes must be made on or before the 30<sup>th</sup> of the month with a written notification via email or in person.

Initial \_\_\_\_\_

**V. Cancellation Procedure**

When enrolling please make sure you are ready to commit to our preschool program for the full 9-month school year. Power Plus Preschool is like any other school year September-May. Summer session is June, July and/or August. Should you drop out in the middle of the season you will be charged a \$35.00 cancellation fee (per student) due to the inconvenience to the preschool, and our inability to replace the vacancy once the season starts. I understand I will not receive a refund for any fees paid. Parent must fill out a drop form and have it turned into the school no later than the 30<sup>th</sup> of the month in order to stop the tuition from going through the following month.

Initial \_\_\_\_\_

**VI. Propper Attire and Expectations**

Students enrolled in Power Plus Preschool MUST be potty-trained. Students may not wear diapers, or pull-ups under any circumstances, due to the length of our class time and size. Of course, young children may have accidents and that can be handled appropriately. For this reason, we ask that you bring a spare change of clothes on the first week and leave them here through the course of the year-just in case.

Initial \_\_\_\_\_

**VII. Attendance**

Good attendance is vital at Power Plus, not only for the student but for the consistency for the class and teacher as well. If a child is sick, we understand and expect them to stay home until they are no longer contagious. If your child will be missing class for any reason please call the school and leave a message for the teacher. No deductions will be made from charges for absences in the school year. No makeup classes are offered.

Initial \_\_\_\_\_

**VIII. Liability Release Waiver**

As the legal parent or guardian, I release and hold harmless Power Plus Productions, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Power Plus Productions Dance Studio, its owners and operators or in route to or from any of said premises. The undersigned gives permission to Power Plus Productions, its owners and operators to seek emergency medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health.

I have read, understand and will comply with the above statements.

Sign \_\_\_\_\_

**Agreement**

I certify that the information given above is complete and accurate, I understand that failure to disclose information about the applicant’s medical, education, or emotional history may affect the school’s admission decision and that the school reserves the right to reserve an admissions decision, even after acceptance and enrollment, if information has been withheld from the school. Acceptance of this application does not denote enrollment in Power Plus Preschool. You will be contacted if and when we have the appropriate space for your child. By signing below, we, as parents or legal guardians, agree to cooperate with Power Plus staff and abide by the financial policies and tuition payments pursuant in this agreement.

Sign \_\_\_\_\_

# Power Plus Productions EFT Form

## DEAR VALUED CUSTOMER

We want to provide you with the best service possible.

\*Convenient \*No lost or stolen checks \*No delays or missing payments

\*Your payment is fully protected.

## AUTHORIZATION FOR AUTOMATED PAYMENTS

I authorize and request POWER PLUS PRODUCTIONS to initiate debit entries to my account, by Safe Save and to debit the same to such account as indicated below at the depository financial institution indicated below. This authorization is to remain full force & effect until Power Plus has received written notification from me of its termination in such time and manner as to afford Safe Save and depository financial institution a reasonable opportunity to act. If account becomes delinquent the authorized signer will be responsible for any and all collection charges.

Customer Name Print \_\_\_\_\_ Signature \_\_\_\_\_

(name of account holder)

Students Name (Dancer) \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Type

Checking

Savings

Attach voided check here or write routing info here

### Initial Payment Information

Tuition Payment Amount: \_\_\_\_\_ Debit Timeline \_\_\_\_\_ First Payment Date: \_\_\_\_\_

**Please Note: If you choose to use a debit or credit card for your EFT tuition payment  
There will be an additional \$5.00 monthly processing fee per month.**

Credit Card (visa, MasterCard, am. express, discover)

Credit Card Number: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_ / \_\_\_\_

EMERGENCY MEDICAL CONSENT FORM

Any Teacher/Supervisor employed at Power Plus Preschool has my permission to obtain emergency medical treatment for my child, \_\_\_\_\_ when I cannot be reached or if a delay in reaching my child would be dangerous for him/her.

Mother/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

My insurance provider is \_\_\_\_\_

My child's medical record number is \_\_\_\_\_

Preferred hospital/treatment center \_\_\_\_\_

My child is taking the following medications

\_\_\_\_\_

My child has the following allergies

\_\_\_\_\_

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in child care.

\_\_\_\_\_

Signature of Parent or Guardian

Date

\_\_\_\_\_

Signature of Parent or Guardian

Date

Whoooooo  
are you?



My name is: \_\_\_\_\_.

I am \_\_\_\_\_ Years old. I have \_\_\_\_\_ brothers and \_\_\_\_\_ sisters.

My favorite color is: \_\_\_\_\_.

My favorite animal is: \_\_\_\_\_.

My favorite food is: \_\_\_\_\_.

My birthday is: \_\_\_\_\_.

I like to... \_\_\_\_\_.

My favorite book to read is: \_\_\_\_\_.

I am excited for Preschool because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.



## Application Checklist

Student's  
Name:

\_\_\_\_\_

(First)

(Middle)

(Last)

- Registration Form
- Payment Information Form
- Emergency Medical Consent Form
- Get to know your Preschooler Form
- Copy of Birth Certificate
- Copy of Immunization Record
- Registration Fee of \$25.00