

**JOHN MICHAEL KOHLER ARTS CENTER —YOUTH DANCE REGISTRATION**  
2017-2018

|                                     |  |
|-------------------------------------|--|
| <b>Child's Name</b>                 |  |
| <b>Birth date + age</b>             |  |
| <b>Address</b>                      |  |
| <b>City + State + Zip code</b>      |  |
| <b>Parent or guardian's name(s)</b> |  |
| <b>Phone Number</b>                 |  |
| <b>Alternate Phone Number</b>       |  |
| <b>Email Address</b>                |  |
| <b>Alternate Email address</b>      |  |
| <b>Important notes:</b>             |  |

**Will an adult other than the listed parent/guardian be dropping off/picking up your child?  
If yes, please list name and phone number:**

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**Registration information:**

| Class | Day | Time |
|-------|-----|------|
|-------|-----|------|

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**Class Orientation:**

\_\_\_\_\_ **Tuesday, September 12, 2016, 4:30 p.m.**      \_\_\_\_\_ **I am unable to attend**

The orientation is brief but important that you attend so you can receive schedules, policies and other information.

**PAYMENT INFORMATION:**

\_\_\_\_\_ I am paying for the entire year

\_\_\_\_\_ I am paying for the year in two equal installments, which requires that my credit card number be kept on file and will be charged on January 1, 2018. (Please complete credit card authorization form)

**THIS REGISTRATION FORM MUST BE SIGNED FOR ADMISSION INTO ARTS CENTER DANCE PROGRAM.**

I hereby release John Michael Kohler Arts Center, its agents and employees, from all liability for personal injury, illness, or property damage occurring on or off John Michael Kohler Arts Center premises, whether or not caused by the negligence of the John Michael Kohler Arts Center, its agents or employees. I have read the registration information and understand the Art Center's policies as outlined in the student handbook. I understand that I am responsible for tuition payments as described and that I may pay for the entire year all at once, or in two equal installments. If I choose the installment payment option, a credit card is required. If JMKAC does not receive payment for the remaining balance on or before January 1, 2018, I agree that the balance may be charged to the credit card number on file. I certify that the registrant is in good health and capable of participation in all school activities and classes.

**Parent's or Guardian's Signature**

**Date**

**PHOTOGRAPHY/VIDEOGRAPHY RELEASE**

This form gives permission to the John Michael Kohler Arts Center to use these photographs in Arts Center marketing and documentation materials.

*I (we), the undersigned parent(s), give permission to allow photographs to be taken of our child at the John Michael Kohler Arts Center and agree to indemnify and hold harmless the John Michael Kohler Arts Center from any claim arising out of participation in such activities.*

**Parent's or Guardian's Signature**

**Date**