Reach for the Stars Dance Studio 2025-2026 Registration

PLEASE MAIL COMPLETED APPLICATION AND \$15 REGISTRATION TO: PO Box 616, Mount Pocono, PA 18344 Phone: 570-839-7340 Website: www.rch4thestars.net E-mail: rch4thestars@hotmail.com STUDENT INFORMATION Date of Birth: Age: _____ Sex: Child Name: Recommended By: FAMILY INFORMATION Parent Name Address: Cell Phone: Home Phone: Email: MEDICAL INFORMATION Allergies Prescriptions Please list other areas of concern or special needs: **EMERGENCY CONTACTS** Your child(ren) will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached. Name Home Phone Cell Phone HELPFUL INFORMATION ABOUT THE CHILD **Previous Dance Experience** Studio Area of Dance Number of Years SUGGESTED CLASS PLACEMENT *If unknown, please see Artistic Director Class Name, Day & Time

CONDITIONS FOR REGISTRATION – PLEASE READ CAREFULLY	
Just as in any form of physical activity, there is always a chance of injury. Reach for the Stars Dance Studio does their best to provide a safe environn and can not be held responsible for any injury that occurs.	nent
I acknowledge and agree with the above statement.	
Signature Date:	
I understand that Reach for the Stars Dance Studio retains the right to use any photographs, videos and motion picture recordings or any event for use school's website, publicity, advertising or any legitimate purpose.	on the
I acknowledge and agree with the above statement. [] I do not want my child photographed. []	
Signature Date:	
YEARLY REGISTRATION	
A \$15 non-refundable registration fee covers the full academic year payable upon enrollment. The registration fee and first month tuition is required to ensure placement. Additional family members must also pay a \$15 registration fee. Class sizes are limited.)
TUITION	
	turned ou are ee). classes
	50.00
[] 4 Classes\$1	82.00
[] 5 Classes\$2	212.00
[] 6 or more Classes\$2	240.00
[] Pointe Fee\$	325.00
	325.00
[] B. If you need a special payment arrangement, please see the office manager. ** Additional classes will be added as necessary. I understand and am in agreement with the terms mentioned above: Signature Date:	
For office use only: Medical Form Costume/Recital Agreement Acknowledgement Form/Information Form	