Reach for the Stars Dance Studio 2026-2027 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: _____ City: _____ Zip: _____

Home Phone: _____ Cell 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 environment and can not be held responsible for any injury that occurs.

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 on the school's website, publicity, advertising or any legitimate purpose.

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

Tuition is a yearly fee. For your convenience, R4TS has divided the payments into 10 monthly installments. **ALL 10 PAYMENTS ARE DUE REGARDLESS OF ENROLLMENT DATE.** For example, if registering in October, both September & October payments are due at time of registration.

Tuition is due by the 7th of the month, a $5.00 late charge will be assessed for **each** week that it is late. Personal checks are accepted. If a check is returned a $30.00 service charge will be assessed to your account and all other payments thereafter will be accepted in cash, PayPal, or money order only. If you are paying by check or cash, please put in an envelope with your dancer's name, amount, and description of payment (tuition, costume payments, recital fee). You are responsible for notifying office staff if your student drops a class or discontinues coming to the dance studio. Tuition will be charged for all classes held until the office staff is notified in writing of student's withdrawal.

Your account must be paid in full by June 7th for your child to participate in the June Recital.Tuition is a yearly fee For your convenience, R4TS has divided the payments into 10 monthly installments. **ALL10 PAYMENTS ARE DUE REGARDLESS OFENROLLMENT DATE.**

PAYMENTS

[ ] A. Monthly payment for multiple classes* or multiple children

[ ] 1 Class	$70.00
[ ] 2 Classes	$120.00
[ ] 3 Classes	$157.00
[ ] 4 Classes	$190.00
[ ] 5 Classes	$222.00
[ ] 6 or more Classes	$260.00
[ ] Pointe Fee	$30.00
[ ] Extended Class Fee	$30.00

[ ] B. If you need a special payment arrangement, please see the office manager.

** Additional classes will be added as necessary.

Iunderstandandaminagreementwiththetermsmentioned above:

Signature _____ Date: _____

For office use only: ___Medical Form ___Costume/Recital Agreement ___Acknowledgement Form / Contact Information Form

Reach for the Stars Dance Studio
Medical Form

STUDENT NAME: _____BIRTHDAY _____/_____/_____

I, _____, DO HEREBY GIVE PERMISSION TO RECEIVE MEDICAL TREATMENT IF THE NEED SHOULD ARISE WHEN MY CHILD, _____ IS PARTICIPATING IN ALL ACTIVITIES RELATING TO THE REACH FOR THE STARS DANCE STUDIO DURING CLASSES, EVENTS, REHEARSALS AND ANY OTHER ACTIVITY ASSOCIATED WITH THE REACH FOR THE STARS DANCE STUDIO.

MEDICATION:

_____ IS ALLERGIC TO THE FOLLOWING MEDICATION:
_____
_____ _____

PARENT SIGNATURE:_____ DATE: _____

INSURANCE WAIVER:

I, _____, DO CERTIFY THAT I AM COVERED BY INSURANCE COMPANY_____
POLICY NUMBER _____ OR I WILL PAY ALL MEDICAL BILLS INCURRED WHILE PARTICIPATING IN ALL ACTIVITIES RELATING TO THE REACH FOR THE STARS DANCE STUDIO.DURING CLASSES, EVENTS, REHEARSALS AND ANY OTHER ACTIVITY ASSOCIATED WITH THE DANCE STUDIO. PARENT

SIGNATURE:_____DATE:_____

RELEASE FORM:

I, _____, DO HEREBY RELEASE REACH FOR THE STARS DANCE STUDIO AND/OR THEIR EMPLOYEES, AGENTS, OR DESIGNEES FROM ANY LIABILITY ARISING OUT OF PARTICIPATING IN ALL ACTIVITIES RELATING TO THE REACH FOR THE STARS DANCE STUDIO.DURING CLASSES, EVENTS, REHEARSALS AND ANY OTHER ACTIVITY ASSOCIATED WITH THE DANCE STUDIO. THIS RELEASE AND WAIVER WILL BIND MY HEIRS, DESIGNEES, ADMINISTRATORS AND OTHERS OPERATING ON MY BEHALF TO THE REACH FOR THE STARS DANCE STUDIO AND/OR THEIR EMPLOYEES, AGENTS OR DESIGNEES HARMLESS FROM ANY RESPONSIBILITY ARISING OUT OF THIS ACTION.

PARENT SIGNATURE: _____ DATE: _____

Reach for the Stars Dance Studio
Costume and Recital Agreement

I, the undersigned, understand the fees associated with the Reach for the Stars annual recital:

Recital Fee per student - $125.00
Recital Fee per sibling - $60.00
Costume Fee, per class - $110.00 (child sizes S-L*); $130 (Child XL-Adult L*)

I understand my Costume Fee MUST be paid in full by **December 1, 2026**. If Costume Fee is not paid in full my dancer's costume(s) will not be ordered. If it is possible to order the costume separately, I understand there will be additional fees (shipping, expedited order fees, etc).

I understand my Recital Fee is due by **March 1, 2027**. If my Recital Fee is late, a late fee of $5/week will be assessed to my account for each week it is not paid.

I understand if my account is not paid in full by **June 7, 2027**, my child will not be permitted to participate in the Recital. I further understand there are no refunds on costume/recital fees. I understand and agree to all of the fees and would like my student(s) to participate in the annual recital in June.

Student Name:_____

Student Name:_____

Student Name:_____

Parent/Guardian Signature:_____

*There may be additional fees associated with Pointe Classes, XL Child, XXL or larger sizes.

Reach for the Stars Dance Studio
Acknowledgment & Contact Information Form

I have read the Welcome Packet and I am aware of the policies of Reach for the Stars Dance Studio. I will do my best to abide by the guidelines and rules set forth by Reach for the Stars Dance Studio.

Parent Signature:_____ Date:_____

Child (*if of age) Signature:_____ Date:_____

I have read and understand the methods of communication for Reach for the Stars Dance Studio. I understand it is my responsibility to check the front desk weekly for handouts and updates and to check my email on a regular basis for any other pertinent information.

Please print names, then sign and date.

Dancer's Name(s): _____

Parent's Name(s): _____

Signature: _____ Date:_____

Email address: _____

Student Email address: _____
(*If old enough to receive updates from the studio)