

**Grace Place 2022-2023
Registration Form and Agreement**

Student's Name:	
Date of Birth:	Age:
Mother's Name:	Phone #:
Father's Name:	Phone #:
Email Address:	
Name of Emergency Contact:	Phone #:
Need to Know Information: {Allergies, Medical Concerns, Any Additional Important Info. }	

EMERGENCY MEDICAL RELEASE: My signature is to certify that I voluntarily furnished medical information on the above designated child to Grace Place. I hereby request that in the event that I or the people I authorize for emergency contact cannot be reached in a timely manner, that an official representative of Grace Place seek first aid or emergency medical care for my child. I further give my consent for an emergency facility or physician to administer necessary medical treatment to my child if I am unable to be reached or the situation requires immediate attention. I understand I am responsible for paying all medical bills and release Grace Place from any financial responsibility.

Parent or Guardian's Signature: _____

Classes Enrolled

Precious Pearls 2&3 Tuesdays 4:00-4:30	Girls of Grace Silver Thursdays 4:30-5:30
Precious Pearls 3, 4 & 5 Mondays 5:30-6:00	Girls of Grace Gold Thursdays 5:30-6:30
Sassy & Snazzy Sapphires Ballet & Lyrical Movement Tuesdays 4:30-5:15	Pom Squad Royal Impact Mondays 4:30-5:30
Radiant & Rad Rubies Ballet & Lyrical Movement Tuesdays 5:15-6:00	Pom Squad Royal Influence Mondays 6:00-7:00
Sassy & Snazzy Sapphires Jazz & Turns and Leaps Wednesdays 4:30-5:15	Hip Hop Black Opals Thursdays 6:30-7:15
Radiant & Rad Rubies Jazz & Turns and Leaps Wednesdays 6:00-7:00	Hip Hop Black Pearls Thursdays 7:15-8:15
Tumbling Turquoise Pre-school Acro/Tumbling Tuesdays 6:00-6:30	Conditioning & Strengthening Wednesdays 7:00-8:00
Tumbling Turquoise Acro/Tumbling Wednesdays 5:15-6:00	Fitness 4 Fun Wednesdays 4:30-5:15
Rising Rubies Acro/Tumbling Mondays 7:00-7:45	Fitness 4 Fun Homeschool Thursdays 10:30-11:45
Sapphire Stars Acro/Tumbling Tuesdays 6:30-7:15	

- We are excited that you have decided to participate in the Grace Place program. Our goal is to create a fun and safe environment for you and your child to enjoy. Our expectation is for each individual to show respect to other participants, supervising adults, and Grace Place property. If a child/adult has difficulty demonstrating respect, the parent/adult will be notified of observed behavior and reasons for concern as a warning and opportunity for correction. If the child/adult is not able to adjust the negative behavior, he/she will be asked to leave the GP program.
- If a participant chooses to not attend class or decides to not finish a month, no refund will be offered. Registration fees are non-refundable.
- GP does not support the enrollment of its students in multiple dance programs. If the student chooses to take classes at another dance studio, his/her enrollment in GP will be terminated.
- Because we want to respect the privacy of all members, we ask that there be no videoing (except for at designated times) while at GP. Thank you for honoring this request.
- We thank you in advance for your support.
- I have read, understand, and agree with the information outlined above.

Parent/Guardian Signature: _____ Date: _____