



ST. JOHN'S DANCE COMPANY

Sponsored by St. John's Children Ministries
"Let them praise the Lord with dancing..." Psalm 149:3

Dancer's Name: _____ Age: _____

Dancer's Birthday: _____ Grade: _____ Teacher: _____

Parents' Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Please note that email will be used frequently to keep you informed. If you do not receive emails starting the second month, please notify Kelli Bennett to ensure you are added to our distribution.

Please check which class you are enrolling in:

- | | | | |
|-------|-----------|-------------|------------------------------------|
| _____ | Monday | 3:15 - 5:00 | Levels 5 |
| _____ | Tuesday | 3:15 - 5:00 | Level 3 & 4 |
| _____ | Wednesday | 3:15 - 5:00 | Level 2 & 3 |
| _____ | Thursday | 3:15 - 4:45 | Level 1 |
| _____ | Thursday | 4:45 - 6:00 | Pre-Point/Point by Invitation Only |

Please check which session(s) you are enrolling in:

- | | | |
|-------|------------------|----------------------------------------------------|
| _____ | Session 1/Fall | September 8, 2008 - December 13, 2008 |
| _____ | Session 2.Spring | January 5, 2009 - May 16, 2009 (no dance 4/7-4/19) |

Tuition Agreement:

I agree to pay tuition in a timely manner. Tuition is \$55 per month for the first child and \$50 per month for each additional child. I understand that if tuition is not received by the 5th, my child will not be allowed to dance until tuition plus a \$5 late fee is paid.

Parent's Signature: _____

Make tuition checks payable to: St. John's.

Tuition may be dropped-off in the Lamb's Lot Office, Children's Ministries or
Mailed to Kelli Bennett at 17372 Parker Dr Tustin CA 92780

Dancer's Pledge:

In order to be the best dancer I can be, I promise to come to class ready to dance. This means I will have my hair pulled back off my face and in a ponytail. I will have my leotard, tights, and dance shoes on before class starts. I will listen to Ms. Judi and follow her instructions. I will not distract my fellow dancers. I will come to class with a heart ready to dance and an attitude willing to be my best.

Dancer's signature: _____

(Please turn over and fill out back side as well)

Child's Name _____ DOB ____ / ____ / ____
Emergency Contact (Other than Parent) _____
Relation to Child _____ Phone _____
Other adults authorized to pick your child up _____
Food Allergies or Medical Conditions _____

MEDICAL CARE AUTHORIZATION

Pursuant to California Family Code §6910, I, _____, a parent/guardian having legal custody of _____, a minor child, hereby authorize St. John's Lutheran Church, an adult person into whose care such minor child has been entrusted, to consent to any X-ray examination (or similar examination such as by CAT scan), anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act. I agree to pay any and all costs for the foregoing.

My medical insurance provider is _____

and my insurance certificate number and/or group number is _____

This authorization shall remain effective until September 1, 2009.

Doctor's name _____ Phone _____

NOTIFICATION OF PUBLISHING OR SHOWING MINOR CHILD'S STILL OR MOVING IMAGE

I, the parent/guardian of _____, understand that from time to time pictures are taken during the activities at the St. John's Lutheran Church of Orange, CA, or under its direction, then presented in various church sponsored media. These include, but are not limited to, pictures, video productions, newsletters, television programs, web casts, brochures, handbooks, programs and Internet web pages. This section serves as notification to you that any meetings, events and activities (including worship) are considered public and may be video taped and/or photographed and used in the above listed manner.

Signed _____ Date _____

____ YES! I am interested in helping with dance. I am available to help pick up the dancers, walk them to class and help change them as needed. (We need at least one parent helper per class for our younger dancers. If you can help once a month or every week...please let me know.) Thanks.