

Updated: \_\_\_\_\_  
 Tuition: \_\_\_\_\_  
 Grade: \_\_\_\_\_  
 Yrs. at LLDC: \_\_\_\_\_



*living lines*  
**DANCE CENTER**

9720 Jones Rd. Suite 120 • Houston, TX 77065 • (281) 955-6867  
 LivingLinesDance.com • contact@LivingLinesDance.com

**For Official Use Only:**  
 \_\_\_ enrolled: \_\_\_\_\_  
 \_\_\_ registration pd. \_\_\_\_\_  
 \_\_\_ Sept. tuition pd. \_\_\_\_\_  
 \_\_\_ added to E-mail list \_\_\_\_\_

**2023-24 Enrollment Form**

Today's date: \_\_\_\_\_ Family ID Number: \_\_\_\_\_

**Student 1**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade (as of Aug): \_\_\_\_\_ School: \_\_\_\_\_

**Student 2**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Grade (as of Aug): \_\_\_\_\_ School: \_\_\_\_\_

**Student 3**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Grade (as of Aug): \_\_\_\_\_ School: \_\_\_\_\_

**Contact Information - Name of Primary Contact:** \_\_\_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ (circle type) cell work home

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ (circle type) cell work home

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ (circle type) cell work home

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

Registration fee: \$ \_\_\_\_\_ Monthly tuition: \$ \_\_\_\_\_ Paid: \$ \_\_\_\_\_

CLASS	DAY	TIME
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____



**Our enrollment agreement is on the back of this form. Please read & complete each area.**

# Enrollment Agreement

I, the undersigned parent or legal guardian of the above listed student, understand that my signature on this document constitutes acceptance of the following conditions of my child's enrollment at Living Lines Dance Center LLC, and I acknowledge that I have read and received a copy of the Policies and Procedures Guide.

**Parent Initials** \_\_\_\_\_

## TUITION

The above listed student's regular monthly tuition rate is \$\_\_\_\_\_ per month. If tuition is paid on or before the 1<sup>st</sup> day of the month, there will be a \$5.00 discount. **After the 15<sup>th</sup> a \$10 late fee is added.**

## TERMINATION OF ENROLLMENT

I understand that if I wish to terminate the above listed student's enrollment at Living Lines Dance Center LLC, I must SIGN a "Termination of Enrollment" form available in the Dance Center office, which will relieve me of my tuition liability for subsequent months AFTER I sign the form. TUITION IS BASED ON ENROLLMENT, NOT ATTENDANCE. MY TUITION LIABILITY CEASES EFFECTIVE THE FIRST OF THE MONTH FOLLOWING MY SIGNATURE OF A "TERMINATION OF ENROLLMENT" FORM, OR OTHER FORM OF WRITTEN NOTIFICATION.

**Parent initials:** \_\_\_\_\_

## PHOTO/VIDEO RELEASE

Please initial yes or no to give us permission to use any images or videos of your child for advertising purposes. **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

## WAIVER/MEDICAL RELEASE

I, \_\_\_\_\_, give my consent for my child, \_\_\_\_\_, to participate in the Living Lines Dance Center dance program. I am aware that, as with any physical activity, there may be present a risk of injury. Being aware of this fact, I, on my own behalf and that of my child, and our heirs, administrators and executors, do hereby release, indemnify and agree to hold harmless Living Lines Dance Center LLC and all persons or entities associated with Living Lines Dance Center LLC from any responsibility or liability for any and all claims, demands, damages, costs, causes of action, and expenses (including without limitation, reasonable attorney fees) arising out of or resulting from my child's participation in or involvement with the dance programs, including without limitation any personal injury, disability or property damages incurred or sustained by me or my child during or as a result of the dance programs. In the event of a serious medical emergency, I hereby consent and authorize treatment for my child by medical personnel until I can be contacted. Pertinent medical conditions my child has are:

\_\_\_\_\_  
\_\_\_\_\_

**Signature of Parent or Legal Guardian** \_\_\_\_\_