

**2007 APPLICATION
"I-CAN" Dance Studio**

PROGRAM SITE _____

(CHILD #1) LAST NAME _____ FIRST NAME _____

Additional Enrolling Family Members:	
_____ Name (First, Last) <i>Child #2</i>	_____ Birthdate (Month, Day, Year)
_____ Name (First, Last) <i>Child #3</i>	_____ Birthdate (Month, Day, Year)
_____ Name (First, Last) <i>Child #4</i>	_____ Birthdate (Month, Day, Year)

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____

DRIVER'S LISENCE _____ ISSUING STATE _____

HOME PHONE (_____) _____

OTHER PHONE (_____) _____

CHILD #1	M ___ F ___	HEIGHT _____	WEIGHT _____
DATE OF BIRTH	____/____/____	AGE _____	
CHILD #2	M ___ F ___	HEIGHT _____	WEIGHT _____
DATE OF BIRTH	____/____/____	AGE _____	
CHILD #3	M ___ F ___	HEIGHT _____	WEIGHT _____
DATE OF BIRTH	____/____/____	AGE _____	
CHILD #4	M ___ F ___	HEIGHT _____	WEIGHT _____
DATE OF BIRTH	____/____/____	AGE _____	

PARENT/GUARDIAN'S (If under 18 years old)
NAME _____

ANY PREVIOUS PERFORMING ARTS INSTRUCTION? _____
IF SO WHERE? _____

STUDIO NAME AND
ADDRESS _____

CITY _____ STATE _____

Have you attended "I-CAN" in the past? Yes _____ No _____ If yes, which year(s)? _____

How did you hear about the "I-CAN" Dance Studio?

NOTE: A \$15.00 referral fee will be applied to the account of the referring friend or family member, who is already enrolled (and in good standing) in the program.

I AM APPLYING FOR: (please check one) A Non-Refundable Registration Fee of \$35.00 is required to secure a space in any program.

SESSION OPTIONS:

6- Week Workshop After-school Program Day-care Program

"I-CAN" Dance Studio Also offers a full dance program (ask about details)
(Ask us about family discounts)

Will you be dropping your child off at the center? Yes No

Will you need Nye'Aye representatives to pick your child up from school? Yes No

Medical & Insurance Requirements: All students must be covered by their own medical insurance. All students must have completed Nye'Aye, Inc. "Physician's Statement" form which requires a physical examination no earlier than one year prior to attending "I-CAN" Dance Studio. Standard GA required health form is acceptable.

Please list any disabilities that might inhibit full participation in "I-CAN" activities:

Any Allergies: Yes (please list) _____
 No

Medications: _____

Primary Physician: _____

Physician Address: _____ Telephone: _____

Payment Information:

Registration AND 1st week tuition is due upon sign up for class and or after-school sessions UNLESS prior arrangements have been made. Please follow the payment schedule below according to your session choice.

After-school Program: Due EVERY Monday.

Work-shop Program: Paid in full upon registration.

Daycare Program: Paid on the first business day of EVERY month.

A PENALTY of 10% per day is applied to ALL accounts not paid according to the outlined schedule.

A deposit of \$35.00 MUST accompany each application. We accept Visa/MasterCard or Personal check. Please make checks payable to "Nye'Aye, Inc."

Automatic Draft Authorization from checking, debit OR credit card

I AUTHORIZE NYE'AYE, INC. TO DEBIT THE ACCOUNT INDICATED BELOW TO PAY MY WEEKLY (MONTHLY) TUITION BILL. I UNDERSTAND THAT MY BANK ACCOUNT WILL BE DEBITED FOR THE TOTAL AMOUNT DUE, ON THE AGREED UPON DUE DATE (ACCORDING TO THE SESSION CHOSEN).

I UNDERSTAND THAT I MUST CONTINUE TO MAKE PAYMENTS AS USUAL UNTIL "PAID BY DRAFT" APPEARS ON MY CITY OF PFLUGERVILLE UTILITY BILL. FAILURE TO DO SO COULD RESULT IN LATE FEES.

THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL NYE'AYE, INC. HAS RECEIVED WRITTEN NOTIFICATION OF ITS TERMINATION. THIS BANK DRAFT SERVICE WILL BE TERMINATED UPON RECEIPT OF NOTIFICATION FOR INSUFFICIENT FUNDS OR IF RETURNED FOR ANY OTHER REASON.

SIGNATURE _____

DATE _____

Check enclosed (Amount: _____) Charge my Credit Card Weekly (Amount: _____)

Type of Card: Visa MasterCard Name on Card: _____
Card # _____ 3-digit Security code ____ Exp. ____ Signature: _____

Check draft: Routing Number _____ Checking Account # _____
Bank Name _____

Drop Policy:

There is a 1 week grace period with written notice required for withdrawal.

Photographs/Audio/Video:

I hereby give permission to Nye' Aye, Inc., its employees and or representatives, unconditional release of the use of my child's name, photographs, or audio and/or video recordings taken during private sessions with "I-CAN" Dance studio for the purpose of Nye' Aye, Inc. advertising promotions.

Release of Liability

I am the legal guardian of _____. I acknowledge that the sport of dance can inherently be dangerous. I recognize that participation in, but not limited to dance, and cheer carries the risk of bodily injury, partial and or total disability. I hereby release *NYE' AYE, INC.* and its instructors/employees from liability in the event of accidental injury.

Who is authorized to pick up your child? Please list names and identification verifications below:

1. _____ (Name)
_____ (Relationship to child)
_____ (Driver's License or other photo i.d.)

2. _____ (Name)
_____ (Relationship to child)
_____ (Driver's License or other photo i.d.)

3. _____ (Name)
_____ (Relationship to child)
_____ (Driver's License or other photo i.d.)

2007 PHYSICIAN'S STATEMENT

Student's Last Name: _____ First Name: _____

Program: Mon – Friday 3:00p – 6:50p _____ (After school)
One Day Per Week 1-Hour _____ (Workshop)

Date of most recent physical examination by undersigned physician

This "I-CAN" Dance Studio applicant will be dancing one hour or more a day 5 days a week, during the academic school year.

After physical examination and review of health history, do you feel that this applicant can safely undertake and maintain this active schedule? Yes _____ No _____

Does this student have any physical disabilities, limitations, or past injuries?

Yes _____ No _____

If yes, please list:

Physician's signature: _____ Date: _____

Please print Physician's name:

Physician's phone number: (_____) _____