



## ENROLLMENT APPLICATION FORM 2011/2012

### Tuition Information:

Tuition for Kalapriya classes is due on or before the first class of each session. Payments can be made in person on the first day of class or before the first day of class by credit card over the telephone at 773 363-9303 or by check mailed to:

Kalapriya c/o Julianne Ramsey 4406 N. Dover St. #1 Chicago, IL 60640

*Tuition is considered late if not received by the 2<sup>nd</sup> class of the session. After the 2<sup>nd</sup> class, later payments are subject to a \$10.00 fee each week. We do not send out monthly statements unless accounts are delinquent.*

A 5% discount is offered for full school year students (3 - twelve week sessions) if tuition is paid in full by the first class of the class year. All returned checks will be subject to a \$25 fee. Please make all checks payable to Kalapriya.

**THIS FORM MUST BE COMPLETED AND SIGNED IN ORDER FOR THE STUDENT TO PARTICIPATE IN CLASSES. PLEASE PRINT CLEARLY AND COMPLETELY SIGN AND DATE THIS FORM, AND SUBMIT IT WITH THE APPROPRIATE FEE(S) BY THE FIRST DAY OF CLASS.**

**IT IS EXTREMELY IMPORTANT FOR YOU TO KEEP ALL YOUR FAMILY INFORMATION UP-TO-DATE. PLEASE COMPLETE THIS FORM, EVEN IF YOU HAVE REGISTERED EARLIER THIS YEAR, FOR EACH CHILD IN YOUR FAMILY YOU WISH TO ENROLL.**

### Student's Information

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Preferred Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

List Any Health Problems or Injuries:

---

---

---

Student's Home Phone: \_\_\_\_\_ Student's Cell Phone: \_\_\_\_\_

Student's Email Address: \_\_\_\_\_

### Party Responsible for Tuition (if not Parent or Legal Guardian)

Name: \_\_\_\_\_

Preferred title: Dr. Mr. Mrs. Ms.

Home Address: \_\_\_\_\_ City & Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_



ENROLLMENT APPLICATION FORM 2011/2012

Parent/Legal Guardian Information

Please circle your preferred title:

Dr. Mr. Mrs. Ms.

Dr. Mr. Mrs. Ms.

Name of Parent 1: \_\_\_\_\_

Name of Parent 2: \_\_\_\_\_

Home Address: Same as Child Home Address:

Same as Child Same as Parent

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

(Please include the email address you wish to use for communications from Kalapriya regarding your child.)

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Stepparent Name: \_\_\_\_\_

Stepparent Name: \_\_\_\_\_

Check if appropriate:

Parents separated \_\_\_\_ Parent Divorced \_\_\_\_ Father deceased \_\_\_\_ Mother deceased \_\_\_\_

\_\_ Check here if another immediate family member is enrolled. Name: \_\_\_\_\_

In an emergency situation when the child's parents/guardians cannot be reached, contact the following person.

Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

I understand and agree to abide by KALAPRIYA Policy and Procedure Guidelines.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

I have read, understood and agree to all policies put forth by Kalapriya. I understand that all payments made are non-refundable, and that all policies and fees may change at any time with notification posted to participants in writing by email or regular post.

Parent/Guardian's or Adult Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**ENROLLMENT APPLICATION FORM 2011/2012**

**LIABILITY DISCLAIMER**

Kalapriya and/or its employees are not liable for personal injury, loss of or damage to personal property. I hereby release Kalapriya from all liability of accidents or injuries while attending Kalapriya dance classes or at any performance. . Parents must not leave their children for more than 10 minutes prior to their class and must return to pick them up no later than 10 minutes after their class ends. These guidelines must be followed for safety reasons.

I have informed staff of any limitations my child may have.

Parent/Guardian's Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION OF WEB SITE OR ONLINE POSTING AND PRINTED MARKETING MATERIALS**

(Please Check One and Sign)

I hereby acknowledge the website maintained by Kalapriya (www.kalapriya.org)

\_\_\_\_\_ Grant permission for Kalapriya to use my child's picture and/or video image on its website and /or Facebook and in any printed marketing materials at any given time for studio purposes only.  
Child will not be identified by name in any application.

\_\_\_\_\_ Deny permission to Kalapriya to use my child's-picture on its web site at any given time.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***How did you find out about our school?***

Attended a performance: \_\_\_\_\_

School flyer: \_\_\_\_\_

Website: \_\_\_\_\_

Friend: \_\_\_\_\_

Advertisement: \_\_\_\_\_

Referred by: (list one person only): \_\_\_\_\_