



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 2nd class of the session. After the 2nd 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 or Adult Student)

Name: _____

Preferred title: Dr. Mr. Mrs. Ms.

Home Address: _____ City & Zip Code: _____

Home Phone: _____ Cell Phone: _____

Alternative Phone: _____ Email Address: _____



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Parent/Legal Guardian Information (for minors)

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. Adult students please list your emergency contact here as well.

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: _____



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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 student (child or adult) 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 picture at any given time.

Adult Student or
Parent/Guardian's Signature: _____ Date: _____

How did you find out about our school?

Attended a performance: _____

School flyer: _____

Website: _____

Friend: _____

Advertisement: (please specify) : _____

Referred by: (list one person only): _____