



# ANGEL'S PROGRAM

## Application Form

**Contact Information:**

Dancer Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Dancer Email \_\_\_\_\_ Dancer Cell \_\_\_\_\_  
 Mother/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Father/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

**General Information:**

Number of Years Dancing \_\_\_\_\_ Instruction Taken From \_\_\_\_\_ Participation Goals \_\_\_\_\_  
 Dance Interested In Competitive/ Non-Competitive \_\_\_\_\_ Team Name \_\_\_\_\_  
 How did you hear about us? Flier/Sign \_\_ Facebook \_\_ Website \_\_ Returning Student \_\_ Referral (name) \_\_\_\_\_ Other (Specify) \_\_\_\_\_

**Financial Information:**

Primary Person Responsible for Payments \_\_\_\_\_ Relationship \_\_\_\_\_ Approximate Annual Income \_\_\_\_\_  
 Secondary Person Responsible for Payments \_\_\_\_\_ Relationship \_\_\_\_\_ Approximate Annual Income \_\_\_\_\_  
 If you have previously Scholarship or Angel's Program Assistance name when and what type \_\_\_\_\_  
 If you have previously received financial assistance when and what type \_\_\_\_\_  
 Affordable Monthly Tuition \$ \_\_\_\_\_ Affordable Costume Rental \$ \_\_\_\_\_ Affordable Performance Fees \$ \_\_\_\_\_ Affordable Competition Fees \$ \_\_\_\_\_

**Contract Agreement:**

**Injury Release:** By signing this form you agree to the liability and risk waiver found in the policies and procedures manual. In case of an emergency or illness when I cannot be reached immediately, I hereby authorize and associate of Falling Star to obtain emergency medical care.

**Monthly Tuition:** Tuition is required to be paid for in dance bucks by the dance and turned in with a tracking sheet. Dancers who do not follow this will be removed from the Angel's program

**Fund Raising:** Participation in Monthly Fund Raisers is required of Angel's Program dancers. All fund earned will be put towards the Angel's Program to fund dancer in the program. Dancer's who do not participate in these fund raisers will be removed from the Angel's Program.

**Parent Communication:** To insure everyone is receiving the same information all details are posted under the member login on the website. Upon receiving registration a text with login and password will be sent. It is the parents' responsibility to stay up to date by checking the website for parent news, fund raising details and performance information.

**Class Attendance:** We follow the Nebo calendar and base our schedule accordingly. Additional holidays which the studio will be closed are: Halloween & Valentine's Day. If a dancer is not able to attend regular class they need to notify the instructor and are required to learn the portions missed before returning to class. This is accomplished through the class video under your member login on the website.

**Class Observation:** Do to student distraction, we ask that parents, friends, and family do not attend class. We find that students do better when a teacher is correcting them; however, parents are welcome to watch 10 minutes before class is finished to see what their dancer has been working on.

**Disciplinary Action:** If any parents or dancers are not in accordance with our policies, their child may be placed in think time, put on probation, or asked to leave the studio. This means no back biting, harsh words, or actions of any sort will be tolerated. We ask that you as parents help us to achieve our goal in creating a positive environment for students. See our policies and procedures for more details.

**Photo Release:** I grant permission for photos and videos of me or my dancer to be taken and used for: websites, advertisements, and other promotional materials.

**Costume Rentals:** All costumes are rented. A deposit is required before picking up each rental costume. A \$50 deposit is required before picking up each rental costume. It will be returned if the costume is returned undamaged and unaltered. Please clean costumes and shoes according to directions after each performance. Costumes must be cleaned and returned in pristine condition without stains, holes, rips, etc. If a costume is lost or returned in a damage manner it is your responsibility to purchase the entire costume at current market value. All costumes become the parent or guardian's responsibility once they leave the studio.

**Competition Member Contract:** I have read and understand the additional fees involved if I participate on a competition team. I will adhere to all the rules and regulations set forth by the studio and the competitions. I understand that there are no exceptions to cancel the contract and the broken commitment fees that will apply if contract is broken regardless of my being on the Angel's Program.

**Full Policies and Procedures:** By signing the agreement I acknowledge that I have access to the full policies and procedures manual found on the website. I have read and understand such policies and procedures contained within the manual. I have asked any clarifying questions prior to signing below. By completing registration my student and I will adhere to all rules and regulations found therein.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Unsigned, incomplete information will revoke participation eligibility.

**Your Story:**

Please attach a detailed reason for why you feel the Angel's program would be beneficial to you and/or your dancer. Give experiences and other explanations to create a picture so we can develop an understanding of your circumstances. We want to know if your situation would be the best fit for our program this season. Please return this and entire form to Falling Star Dance Company No Later than the 1<sup>st</sup> Saturday in August. Final Selection Will be made the 3 weekend in August and new season recipients will be contacted by the director in person.