

2017-2018 Saint Nicholas Dance Program Tuition

1 Dancer \$230

2 Dancer in same immediate family \$400

3 Dancers \$500

Each additional dancer \$100

SAINT NICHOLAS GREEK DANCE PROGRAM
2017-2018

I, the undersigned parent or legal guardian of _____, hereby authorize any medical examination by licensed personnel on the staff of any licensed hospital in the event such help of an emergency nature becomes necessary. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, and is given to provide authority and power to render care, which is deemed advisable in the best judgment of the physician. It is understood that every effort will be made to contact the undersigned prior to rendering treatment, but that any accepted medical treatments will not be withheld if the undersigned cannot be reached. In recognition of the possible dangers to my child, I hereby knowingly and voluntarily waive any right or cause of action of any kind against the members, directors, agents and employees of St. Nicholas Greek Orthodox Church and its affiliates for any personal injury that may occur at or during dance practice. Nor shall they be liable for any personal injury to my child occurring during the transportation to and from any Dance Program activity. I hereby understand that any medical expenses that my child may incur due to personal injury or illness is my financial responsibility and not that of St. Nicholas Greek Orthodox Church or any of its affiliates.

Parent or Guardian's Signature

Print Name

Date: _____

Telephone: _____

Address: _____

Doctor's name and phone number: _____

Insurance carrier and policy number _____

*SAINT NICHOLAS GREEK DANCE PROGRAM
REGISTRATION FORM
2017 -2018*

DANCER'S NAME	BIRTH DATE	GRADE
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DANCER'S NAME	BIRTH DATE	GRADE
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DANCER'S NAME	BIRTH DATE	GRADE
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DANCER'S NAME	BIRTH DATE	GRADE
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MOTHER'S NAME (first and last)

FATHER'S NAME (first and last)

STREET ADDRESS

CITY, STATE, ZIP CODE

HOME PHONE

MOTHER'S CELL

FATHER'S CELL

MOTHER'S WORK

FATHER'S WORK

MOTHER'S EMAIL ADDRESS

FATHER'S EMAIL ADDRESS

DANCER'S EMAIL ADDRESS

DANCER'S CELL

DANCER'S EMAIL ADDRESS

DANCER'S CELL

TUITION AMOUNT

COLLECTED BY
CASH OR CHECK # _____

DATE

Checks should be made payable to the "Saint Nicholas Greek Dance Program"

*SAINT NICHOLAS GREEK DANCE PROGRAM
REGISTRATION FORM
2017 - 2018 (cont.)*

PLEASE ANSWER THE FOLLOWING:

1. What is the Best/preferred method of contact (i.e. email, phone call, etc.) _____

2. Any known absences from practices such as vacations, etc.: _____

3. Will your child(ren) be participating in the Winter Glendi on Jan 27, 2018 ?

Yes/No/ Undecided (please circle)

4. Will your child(ren) be participating in the FDF on January 11-14, 2018 ? (Chrysopeda does not participate):

Yes/No/Undecided (please circle)

5. Will your child(ren) be participating at the Valley Greek Festival on May 26-28, 2018 and if so, how many days:

Yes/No/Undecided / Sat, Sun, Mon, or all 3 days (please circle)

6. Do you have any special talents that you would like to offer to the dance program?

(i.e. sewing, fundraising, accounting, etc.) _____

7. Any suggestions you would like to offer _____

Acknowledgement of Receipt of Hand Book and Stewardship Commitment

We have received the electronic version of the 2017-2018 Saint Nicholas Dance Program Handbook and understand the roles and responsibilities that we have as parents and dancers.

We understand the Closed practice and Discipline policies and agree to abide by the requests of the Directors and Sponsors and during practice for the benefit of the dancers/program.

As the focus of the Ministry is to grow in our faith, we understand that regular Sunday Divine Liturgy attendance is expected and that dancers will not be allowed to participate in Sunday practices if they are unable to attend church.

We agree to maintain an active participation in the Youth program at Saint Nicholas Greek Orthodox Church and understand that we must maintain current stewardship membership in the Church in order to participate in the Dance program.

Parent _____

Dancer _____

Date _____