

Muggivan School of Irish Dance Semester Registration

Registration

There is a \$45.00 annual registration fee or 30.00 per semester

Tuition

Tuition for regular weekly classes is calculated by semester and includes many extra activities such as performances, competition extra practices, and community events throughout the year. There are no additional recital fees. Punch card classes are packages of classes which may be purchased at any time with flexible attendance. **Please note: MSID reserves the right to combine and/or cancel classes with low numbers of registered dancers.

Regular Weekly Classes

Single Student Prices

1 class per week	325.00/semester or 65.00/month
2 classes per week	600.00/semester or 120.00/month
3 classes per week	825.00/semester or 165.00/month
4 classes per week	1000.00/semester or 200.00/month
5 classes per week	1125.00/semester or 225.00/month

**all additional classes are \$25 a class*

**discounts available semester /annual pre-pay. Totals reflect a 5-month semester.*

Family Prices

2 dancers:

1 class per week	600.00/semester or 120.00/month
2 classes per week	1000.00/semester or 200.00/month
3 classes per week	1250.00/semester or 250.00/month

3 dancers:

1 class per week	825.00/semester or 165.00/month
2 classes per week	1250.00/semester or 250.00/month

**all additional classes are \$25 a class*

Punch Card Classes (1 card per dancer)

1 Class Card	15.00
5 Class Card	75.00
10 Class Card	110.00
20 Class Card	150.00

**must be registered for at least 1 regular MSID class to take PC classes*

****Payment for private lessons and workshop classes are due no later than the date of the class, unless otherwise stated. A \$15 late fee will be applied for payments received after the date of the class.**

TRICOLOR performance classes

Performance class* 150.00/semester/dancer or 30.00/month/dancer

**discount for dancers taking 2 regular classes per week: -\$10.00 off total monthly payment*

***discount for dancers taking 3 or more regular classes per week: -\$20.00 off total monthly payment*

Payment options – we will require a credit card on file to secure the semester contract for all payment options. This card will not be charged unless any payment (tuition, workshops, privates, etc). has not been made by the 30th of each month, on which date the card will be charged with the late fee. Notification will be provided before payments are drafted. _____ (initial)

1. Pre-pay/Full Semester or Annual

You may opt to pay in full by semester or annually. For Fall semester, that covers September 3-January 31. For Spring semester, that covers February 1-June 30. All Tuition, Registration and workshop fees paid in full will receive a 5% discount, annual fees paid in full will receive a 10% discount.

2. Auto Draft (Credit or Debit) through Studio Director

On the **1st of each month**, your card will be charged for tuition according to the monthly installment plan. **No additional charges will be made without your permission and/or notification.**

3. Post Dated Checks

You will need to fill out post dated checks in the amount of each monthly installment. These checks will be deposited on the on the **1st** of the month. *Returned checks must be paid with cash or credit card including the \$25.00 returned check fee.* _____(initial)

4. Payments by cash or check with the credit card on file option

If you prefer to bring your installment payments in each month or to have them mailed directly from your bank, we will require a credit card on file to secure the semester contract. This card will not be charged unless 1) we are given express permission to charge for a monthly installment instead of a check/cash payment, 2) any payment (tuition, workshops, privates, etc.) has not made by check/cash by the 30th of the month, on which date the card will be charged with the late fee, or 3) in the event that that a family leaves MSID mid-contract with a balance due, the credit card will be drafted in the amount of the agreed monthly installment until the semester balance is paid in full. Notification for scenarios 2 and 3 will be provided before payments are drafted. _____(initial)

Muggivan School of Irish Dance Semester Contract

Dancer Name (s): _____ Birthdate(s) _____

Email: _____ Phone 1 _____ Phone 2 _____

Address: _____

How did you find out about us? _____

Registration type:

_____ Semester (30.00)

_____ Annual (45.00)

Class schedule: (indicate the solo classes/performance class/figures)

The Payment option I have selected will be:

1. Pre-Pay (semester tuition) _____ - 5% discount

Pre-Pay (annual tuition) _____ -10% discount

2. Auto Draft _____ fill out the card authorization form

3. Post Dated Checks _____

4. Monthly checks with Card on File _____ fill out the card authorization form

FEES:

Registration _____ +

Tuition _____ +

Punch cards _____ +

Additional fees _____ (please specify) _____

TOTAL SEMESTER FEES _____

Contract Agreement

I, _____ understand that I am responsible for the full contracted balance in the amount of _____. My contract begins on _____ and ends on _____. I understand that my contract is valid regardless of non-attendance to classes.

Signed _____

Date _____

Office Use Only
_____ Studio Director Account
_____ payment included
_____ missing items
_____ date

Authorization for Direct Payment

Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made. Your payments will be made automatically each session throughout the class season. Proof of payment will appear on your account. If we have an e-mail address for you and you have not opted out of e-mail communications, you'll receive an e-mail notification any time a payment is processed. The authority you give to automatically charge your payment information on-file will remain in effect until you notify us in writing to terminate the authorization. If for whatever reason, payments cannot be processed to your payment information on-file and your account balance remains overdue, your enrollment in classes will be cancelled.

All you need to do is:

1. Mark the box next to the plan you'd prefer
2. Enter payment information
3. Sign, date, and return the completed form to the office
4. Notify the office any time your payment information changes

Automatic / Recurring Payment Plan

I authorize Muggivan School of Irish Dance to initiate electronic payments for the balances due on my Muggivan School of Irish Dance account.

I understand that payments will be automatically made throughout the year for any balance due on my account. I understand that the payment amounts may vary as classes are added/dropped and as other charges/payments are applied to my account.

Payment Information:

Credit Card Type:
Card Number:
Expiration Date:

Account Holder's Name: _____

Signature: _____

Date: _____

NO Automatic / Recurring Payment Plan

I acknowledge that I am responsible to make timely payments of my balances due on my Muggivan School of Irish Dance account.

I further acknowledge that if my payment is not received on or before the due date, I authorize Muggivan School of Irish Dance to initiate electronic payments for any balances due on my

account PLUS an administrative late fee of \$15.00. Payments will be processed with the payment information on-file at Muggivan School of Irish Dance.

Payment Information:

Credit Card Type:
Card Number:
Expiration Date:

Account Holder's Name: _____

One Time Payment Amount (if any): _____

Signature: _____

Date: _____

Code of Conduct

Muggivan School of Irish Dance is committed to an atmosphere of sportsmanlike conduct, consideration for others at any age and level, and promoting respect among dancers and their families. For this reason, we require that all dancers and parents sign a code of conduct as a sign of their personal commitment to these goals:

-Dancers and parents will be held to the highest moral standard at competitions. Dancers will be expected to support one another, to celebrate successes in an appropriate manner, and to handle set backs with grace and dignity. Excessive upset or refusal to accept a medal because of the placement is absolutely unacceptable.

-Dancers are expected to behave in a sportsmanlike manner in the classroom. Rude comments, or any behavior that indicates the putting down of another student will not be tolerated.

-Dancers and parents will be expected to conduct themselves appropriately in any public venue, performance, or other occasion in which they are representing Muggivan School. Foul language, unreasonable or excessive demands on volunteers or event hosts will be considered inappropriate behavior.

-Dancers are expected to respect the studio. Dancers are to dress appropriately and bring all necessary materials to class and if late should respect the classroom environment and be ready to start class immediately. Dancers will be expected to pick up after themselves.

-Behavior by a dancer or a parent that disrupts the class will not be tolerated. If the behavior persists the dancer or parent will be asked to leave the classroom and wait in the lobby area.

I understand that violation of the code of conduct may result in suspension or, in cases of continuous violations, expulsion from MSID.

First offense: the family will receive a warning

Second offense: dancer or parent will be suspended from MSID activities for length of time specified by The Director of MSID

Third offense: family may be asked not to return to MSID

Date_____

Dancer(s) _____

Parent/Guardian_____

Muggivan School of Irish Dance
Medical Release Form

Dancer Information

Full Name _____ Date of Birth _____ Gender M/F

Please list any prescription medications (including inhalers) the dancer may take during classes or camps: (please include any instructions for the administering of any medication as necessary.)

Please list any non-prescription medications the dancer may be administered in case of minor illness (headache, upset stomach, allergies, etc...) *Please specify if you do not wish any medications to be administered.

Please list and describe any allergies, chronic illness, or other medical conditions:

Emergency Contact Information:

Primary contact Name: _____

Primary contact phone number: _____

Relationship to dancer: _____

Secondary contact Name: _____

Secondary contact phone number: _____

Relationship to dancer: _____

Informed Consent and Acknowledgement

I hereby give my approval for my child's participation in any and all activities prepared by Muggivan School of Irish Dance. In exchange for the acceptance of said child's candidacy by Muggivan School of Irish Dance, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Muggivan School of Irish Dance and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected classes, camps, performances, competitions, or other school activity.

In case of injury to said child, I hereby waive all claims against Muggivan School of Irish Dance including all instructors, TAs, counselors, and all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of

being injured that is inherent in all sports activities, including Irish dancing. Some of these injuries include, but are not limited to, the risk of fractures & sprains.

Printed Name of parent/Guardian: _____

Signature of parent/Guardian: _____

Medical Release and Authorization

As Parent and/or Guardian of the named dancer, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor’s life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named dancer. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me. Permission is also granted to the Muggivan School of Irish Dance and its affiliates including Directors, instructors, and TAs, and Parents to provide the needed emergency treatment prior to the child’s admission to the medical facility.

This release authorized for the duration of my membership to Muggivan School of Irish Dance. This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Printed Name of parent/Guardian: _____

Signature of parent/Guardian: _____