

Courage After School Enrichment (CASE) Registration 2021-2020

Children's information:

Childs Name: _____ DOB: _____
Grade _____ School: _____

Childs Name: _____ DOB: _____
Grade _____ School: _____

Childs Name: _____ DOB: _____
Grade _____ School: _____

Parent Information:

Mothers Name: _____
Cell Phone number: _____ Work Phone Number: _____
Place of employment: _____
Email: _____

Fathers Name: _____
Cell Phone number: _____ Work Phone Number: _____
Place of employment _____
Email: _____

Emergency Contact: (someone if we can't get a hold of the parent)

Name: _____ Phone number: _____
Address: _____

Mom's Signature: _____ Date: _____

Dad's Signature: _____ Date: _____

Class options: Each day will be a different type of class. They will have a choice sheet and will stick with the classes for 6 weeks. They will have a choice of one the following options: Dance, Tumbling, Ninja, depending on the day. All classes are done via choice sheet each 6 weeks and availability depending.

Please Check the days your child will be in attendance: ___M ___T___W ___Th ___F

Financial Commitments

Annual Supply/Registration fee: \$45/Child or \$95/Family

Tuition: 5 Days a week - \$268/Month, 3 days a week \$228/Month, 2 days a week \$200/Month, 1 day a week \$178/Month.

We will be picking up from all Liberty Hill ISD locations.

Fees are due whether your child is in attendance or not -For school holidays and inclement weather days there will be an all day option at additional \$69/day. We do not prorate unless you join in the middle of the month.

Daily Optional Dates: Times are 7am-6pm- (\$69) **BELOW DATES TBD**

- Sept 2rd: Staff/Student Holiday - Tuition due Aug 26th
- Oct 14-15th: Staff development - Tuition due Oct 7th
- Dec 20th: Student/Staff Holiday -Tuition due Dec 9th
- Jan 6th: Staff work day - Tuition due Dec 30th
- Jan 20th: Staff/student Holiday - Tuition due Jan 13th Feb
- 17th: Staff development - Tuition due Feb 10th
- March 16-20th: Spring Break - Tuition due Mar 9th (\$179)
- April 10th: Staff/student Holiday- Tuition due Mar 30th
- April 13th: Staff development - Tuition due April 6th May
- 22nd: Staff Work Day - Tuition due May 11th
- I would like more information on a summer program

Failure to pay on time may result in termination of services. \$35 will be added to all returned checks. Courage Cheer and Dance may seek collection of fees: clients may be required to pay termination fee, any collection cost, and attorney fees incurred by Courage Cheer and Dance to collect this amount. Interest fee for unpaid tuition is set at 15% per month. If Courage Cheer and Dance elects, it may immediately terminate all services provided by it including but not limited to the immediate dismissal of the children from it's facility. Courage Cheer and Dance may also prosecute under the Texas Penal code, Section 31.04-Theft of services. By signing below I am stating that I understand and agree to the terms of the above fee agreement. I agree to pay all the fees, interest, and late fees, as stated above and any and all attorney fees, court costs, and collection costs related to the collection of my account. I understand that I can be prosecuted under the Texas Penal Code Section 31.04 Theft of services

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Be sure to "Like" us on Facebook - Courage Cheer and Dance United!

Courage Cheer & Dance United

Medical Consent & Release Form 2021

Child's Name: _____ Age: _____ Birth Date: _____ Gender _____

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Child's Name: _____ Age: _____ Birth Date: _____ Gender _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____

Name of Person Giving Consent (if not parent): _____

Consenter's Relationship to Child: _____

Email: _____

Home # _____ Cell # _____ Work # _____

Emergency Contact Name & Phone #: _____

Emergency Contact Address: _____

List Any Medical Problems/Allergies: _____

I hereby authorize any person associated with Courage Cheer and Dance United, or those designated by them, to treat, seek, and consent to medical treatments deemed necessary by the treating physician for my son/daughter, whose name is set forth above, for injuries or illness that may occur while participating in the Courage Cheer and Dance United activity. This includes classes, practices, camps, or competitions, or any other Courage Cheer and Dance United sponsored activity.

Insurance Company: _____ ID/Group #: _____

Physician's Name: _____ Physician's Number: _____

Child's shot records are on file with _____ school and the school phone number is _____.

ABSOLUTE RELEASE OF LIABILITY: Cheerleading, Tumbling, Ninja and Dance involves a variety of movements, motions, rotations, leaps, tumbling, jumps, partner stunts, and pyramids. Therefore, participation in these athletic activities may result in personal injury. I hereby agree to fully release and hold harmless Courage Cheer and Dance United, its coaches, officers, staff, employees, and anyone else designated to help, from any responsibility for any injury that may occur while participating in Courage Cheer and Dance United. I waive and release any and all rights and claims for damages that I, or the above named child, may have at any time.

DROP PROCEDURE: PARENTS MUST NOTIFY COURAGE CHEER AND DANCE TO DROP A STUDENT FROM CLASS. Only a written notice via email, regular postal mail or hand delivered to our front desk will be acceptable. You must let us know before the beginning of the month for you not to be charged for the next month. Please note: You are responsible for payment for your student's classes WHETHER OR NOT YOUR STUDENT ATTENDS CLASS. Please do not rely on your student to verbally let us know that he/she will no longer be attending classes. If a student stops coming to class without notification then that student's account will be charged for the additional 30 days. This charge will be for holding the student's place in that class instead of offering that place to one of the many on a waiting list.

LATE PAYMENTS: All tuition is charged on the 1st of the month. You have until the 7th to pay via cash, check, charge, or autopay. All charges not paid by the 15th will be considered late and charged a \$10 late fee. All charges not paid within 30 days will acquire an additional \$30 late fee. Every additional month that is late will acquire another \$50 late fee until payment is received. After 90 days a processing fee will be applied and the account information will be sent to our collections department.

Parent Signature: _____ Date: _____

How did you hear about us? _____

What Class Are You Attending? _____

What Day: (Circle all that apply) Monday, Tuesday, Wednesday, Thursday, Friday

Class Time: _____ To _____