BPDA
BAYPOINTE DANCE ACADEMY

Office Use Only:

check #_____

card_____

cash_____

Amount paid:

_____

2026-2027 Fall Registration Form

Returning Student Registration Fee $45.00
New Student Registration Fee $50.00
Additional Student $20.00

STUDENT NAME: FIRST: _____ LAST:_____

TODAY'S DATE: _____

STUDENTS BIRTHDATE: _____ AGE:_____

PARENTS: FIRST: _____ LAST:_____

ADDRESS: _____ CITY:_____STATE:_____

ZIP:_____ EMAIL:_____

HOME PHONE:_____CELL:_____WORK:_____

HOW MANY YEARS HAS THE STUDENT BEEN WITH BAYPOINTE?_____
HOW MANY YEARS HAS THE STUDENT STUDIED DANCE?_____

SCHOOL STUDENT ATTENDS:_____GRADE:_____
PHYSICIAN'S NAME:_____PHONE:_____
IS THE STUDENT ALLERGIC TO ANYTHING OR HAVE ANY INJURIES? _____

PARENTS SIGNATURE:_____

Class/Day/Time_____

Class/Day/Time_____

Class/Day/Time_____

Monthly tuition _____

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8756 Rand Avenue // DAPHNE, ALABAMA 36526 // (251) 621-3980

RELEASE: The following must be signed by a parent/guardian before any student can be accepted to Baypointe Dance Academy.
I understand that all precautions have been and will be taken for the safety of my child/children. I hereby release Baypointe Dance Academy and all respective agents and/or employees from any liability for personal injury or death or damage or loss of property incurred because of the result of my child's participation in dance or tumbling, regardless, of whether caused by the negligence of said parties or otherwise.

INSURANCE: I understand that Baypointe Dance Academy does not provide medical insurance for its students. It is REQUIRED that all students be covered by their own families insurance policies, and if an injury occurs it is understood that the student's family policy is my/our ONLY source of reimbursement.

I have received, read, and understand The Studio Information and Policies 2026 – 2027.

_____
Parent's Signature

Child's (Children's) Name_____

Date: _____ Parent or Guardian:_____

I hereby give permission for my child to be transported to the nearest doctor or hospital in case of injury or emergency if unable to locate parent or guardian.

_____
Parent or Guardian Signature

EMERGENCY NUMBERS:

1. _____
   NAME, RELATIONSHIP, PHONE NUMBER

2. _____
   NAME, RELATIONSHIP, PHONE NUMBER

POLICY ON ACCOUNTS

- Tuition is due the 1st of every month. Tuition and registration fees are non- refundable.
- If your account is late on tuition, a $15.00 late fee will be added to your account, and you will receive a statement.
- If your account is more than 2 months past due, your child will not be able to attend class until the balance is paid.
- All costume and recital fees are non-refundable. Costume fees must be paid up by November 2026 for 1st order.
- We do not hold checks.
- Our logo cannot be used on any products.
- There is a $30.00 service charge on all returned checks
- If your child drops before the term is over, you must give the studio a 60 day notice in writing. (For example: If Suzy drops July 3rd, August and September tuition would be due.)

* I _____ have read and understand the policy on accounts. All Balances must be paid up by MARCH 2027 for my child to participate in the 2027 Recital.
* Date: _____