Initial Registration Form for Sally Dancy's Discovery Meadow Studio Activities Facility copy—information kept private & for studio/KI use only Please read and sign both pages (front & back) Updated May 2023

The following is a synopsis of studio policies. A copy of the policies is on my website or you can request a copy. Schedules and fees are subject to change, please see website regularly.

Total fees include registration, materials, & tuition:

Registration & minimum payment required to reserve a space (depends on activity). If full session is canceled by instructor, full refund given; Weather/Illness cancelation will have makeup dates; Disenrollment any time but please give 1month notice; Makeups are allowed. Materials received, classes to date, & registration fee are non-refundable & non-returnable; Temporary disenrollment, pause, or tuition adjustments available for extended emergencies. Be aware that all physical activity includes some risk;

For safety please record allergies, special needs, special situations below;

Schedules are subject to change due to enrolment, space, & instructor availability;

Pictures may be taken during activity (see options & consent on back);

You are welcome to make up classes or change class times if available & requested; Come to class in comfortable appropriate clothes & prepared to take off your shoes (not mandatory but encouraged). Please leave food/drink/binkies/toys at home or in car (exceptions can be made for infants & children with a special need).

Information from registration form is shared with Kindermusik International (for admin & digital material access) unless otherwise requested.

DiscoveryMeadowStudio located: 424 Weidner Rd. Cibolo TX 78108. For other locations see website Checks to Sally Dancy. Registration to 424 Wiedner Rd. Cibolo TX 78108 or sally@discoverymeadowstudio.com For more information, directions, other locations: www.discoverymeadowstudio.com please communicate questions or concerns to Sally:call 210-373-5406;email sally@discoverymeadowstudio.com Payment plan- you agree to pay TOTAL fee balance for the session by activity date or schedule agreed upon below I understand/accept the above polices:

Parent Signature:			Date:	
Child's name(s):			Date of birth:	
Name(s) of parents:				
	City, State, Zip:			
Evening #:	Daytime #:		_Email:	
Please indicate how you prefer t	o be contacted	phone call, text, email	(circle preference & number).	
Please record special info (physi	cal, situational, a	llergies) more room pro	ovided on back	
Activity & day/time preference:				
(Below for office use) Paid amount/how/date	materials	when deposited	Balance/payment schedule	

A copy of studio's polices is on the website or you may request a copy. Please print, sign, & bring the following page to class with you©

Please print child's nick-name (if ar	ny)
Print name of person(s) accompany	ying child & relationship
Please help us provide a safe, secur your child. Describe any mental, p needs/situations.	re, and effective learning environment for ohysical, social, or custodial
If you have a request to keep any i International's administration platf	
Many parents like to take pictures during ac with other parents- do not post pictures of o tools & post publicly in class. If you const	or any activity that includes taking pictures. Extivities. Please respect and communicate boundaries other families. I often take pictures to use as teaching ent to pictures being taken by parents/ instructor for ass, please sign the following:
by the instructor or other activity members by	derstand & consent that pictures/video may be taken before, during, & after activity. Pictures & videos, be used in activities. Pictures, video, & sound are m by me or my child.
Parent Signature:	Date:
	consent to pictures of you /your child being used for ed for any candid video or post; for testimonials, w/permission.
please sign:	Date:
I have received and unde	erstand/accept studio polices
Parent Signature:	Date: