



Registration Packet

VIBE Music Center
418 N Kellogg St. Suite E & F
Kennewick, WA 99336
509-572-2555

www.vibemusiccenter.com

VMC Policies:

Welcome to Vibe! We are glad you made the choice to join the family! Just like any family, there are rules in place to protect and help educate our kids to the best of our abilities. Please read the following so you understand what is expected of you in and around the building and during class.

- 1) Students can be dropped off no more than 15 minutes before scheduled rehearsal time and must be supervised as we have other classes in session. They must be picked up promptly after rehearsal. Directors/teachers/facility are not responsible for students outside of the scheduled rehearsal time.
- 2) All cell phones are to be on silent/vibrate and unseen during classes. In the event of an emergency, a student can be reached by calling the main office: 509-572-2555. Students will only be permitted to use the phone in case of an emergency.
- 3) Students must stay in their designated class space at all times. If they need to be excused for any reason, they will check with an instructor first. If you need to check your student out early from class, please check them out through the office.
- 4) All students are responsible for disposing their trash, and helping to keep the center clean and organized.
- 5) Gum is not permitted. In the past, gum has been spit out on the parking lot or sidewalk and then walked inside and put on walls. Please keep the gum in the car. No food or drinks besides water are allowed in the classrooms without permission.
- 6) Keep your hands, feet, and objects to yourself.
- 7) Profanity, name calling, and/or bullying is not permitted, and will not be tolerated.
- 8) Please put away all materials before leaving class, clean up your area, and be sure to take your belongings with you. We do have a lost and found and suggest that parents check that weekly to ensure your child has all their belongings.
- 9) Wear clothing that will allow you to effectively participate in all classes. Appropriate shorts, loose fitting pants, and jazz shoes are best. Please refrain from wearing skirts, dresses (unless performance costume), backless, spaghetti strap, or midriff revealing tops. Jeans are permitted; however, it is recommended to bring something looser to change into for class.
- 10) Please bring a labeled water bottle, scripts and handouts, and a packed snack/lunch when needed.
- 11) Inappropriate or disruptive behavior will not be tolerated. If students are disruptive to the learning process, they will be removed from the production. A student may be removed at any time at the discretion of the directors. Parents will be notified and any fees paid will not be refunded.
- 12) Rehearsals are for cast members only. Although we believe it is important for parents to be involved, we do have a closed rehearsal policy to minimize distractions to the cast and rehearsal process.

Discipline:

Students who violate any of these rules will be given three warnings:

- 1) Verbal Warning
- 2) Written Warning (parent will be contacted)
- 3) Final Warning (meeting with parent will be required)
- 4) Removal from the class. Refund will not be given for current month's tuition

Tuition:

We accept Cash, Check, Visa, and Master Card. Tuition is due by the 5th of each month. We are flexible and willing to work with parents that come in and set up payment arrangements. We have automatic withdrawal available, which is much easier for you and us.

Fees:

Should you be late on tuition (on the 6th of each month) we charge a \$25 late fee. You can avoid this fee by meeting with Megan and setting up a late payment arrangement. This fee will be applied to your account, and is due by next month's tuition for enrollment to remain effective.

With every NSF/returned check/NSF Visa transaction there is a \$40 fee. This will be applied to your account, and is due by next month's tuition for enrollment to remain effective.

Fundraising:

Each student is required to participate in AT LEAST ONE fundraiser each quarter (1 in 3 months). We do ask that families on Scholarship to participate more. However, involvement from all families is critical to keep our tuition low. There is a \$50 fundraising opt out fee you can pay if you would rather not participate in fundraising.

Media Consent:

As part of our advertisement for our website, we take video and photography of our classes. Your signature on page 5 states you are aware and consent. For further information, please contact the office.

Consent to Treat:

Vibe Music Center has my permission to obtain emergency medical treatment for my child when I cannot be reached or if a delay in reaching my child would be dangerous for him/her. I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in VMC's care. Your signature on page 5 states you consent.

Hold Harmless Form:

Responsibility:

I recognize and understand the risks of physical injury inherent to the theatre, dance, and performance training, and I am willing to assume those risks for myself/my child(ren). I agree that I will not hold VMC, off-site performance space, or any faculty liable for injuries sustained or illness contracted by me/my family while in attendance at lessons/classes/rehearsals/performances. I understand that it is my child's responsibility to safeguard his/her own personal property and will not hold any of the above entities/persons responsible for loss or damage of personal property while in attendance at their facility. I have read understand, and agree to the policies listed above regarding absence, misbehavior, and all other rules outlined in the contract.

I understand that VMC reserves the right to make changes in the published program whenever in its sole judgment conditions warrant, or if they deem it necessary for the comfort, convenience, or safety of the program and participants. I recognize that VMC also reserves the right to decline to accept any person as a member of their center, or to require any participant to withdraw from the class or classes at any time when such action is determined by the appropriate staff to be in the best interest of the health, safety, and general welfare of the center's population or of the individual participant.

I understand that dates, schedules, and program details are given in good faith, based on information available, and are subject to change and revision. I understand that I must agree to sign Item #2 on page three of this enrollment packet. I agree and I have read the program descriptions, recognize, and accept any risks thereof. I also understand and hereby agree for and on behalf of myself, my dependents, heirs, executors, administrators, and assigns to abide by the conditions set forth under responsibility above, to release, and hold harmless VMC, and any of its agents or representatives, from all liability for delays, injuries or death, or for the loss of or damage to student personal property, however occurring, during any portion of or in relation to VMC.

Date Form Was Completed:

DOB:

Student's Name: _____ Age: _____ Gender: _____

Address: _____ City: _____ St. _____ Zip: _____

Mother's Name: _____ Cell Phone: _____ Home Phone: _____

Address: _____ City: _____ St. _____ Zip: _____

Email: _____

Father's Name: _____ Cell Phone: _____ Home Phone: _____

Address: _____ City: _____ St. _____ Zip: _____

Email: _____

Classes Registering For:

Emergency Information:

In the event of an emergency please contact:

1) Name: _____ Relationship: _____ Phone: _____

2) Name: _____ Relationship: _____ Phone: _____

3) Name: _____ Relationship: _____ Phone: _____

Medical History:

List any medical conditions: _____

Allergies: _____ Medications: _____

Activity/Physical Limitations: _____

Physician's Name: _____

Health Care Provider: _____ Phone Number: _____

Preferred hospital/treatment center: _____

Pick Up Authorization:

As the legal guardian of this student, you are authorizing the following people, besides yourself, to pick up your child each day from VMC.

- 1) Name: _____ Relationship: _____ Phone: _____
- 2) Name: _____ Relationship: _____ Phone: _____
- 3) Name: _____ Relationship: _____ Phone: _____

Consent and Acceptance Signatures:

I have read VMC's guidelines and polices. I understand them and will abide by them as indicated by my signatures below.

Item #1: Music Center Policies (page 1)

Parent/Guardian:	_____	_____	_____
	Print Name	Signature	Date
Student:	_____	_____	_____
	Print Name	Signature	Date

Item #2: Hold Harmless Form (page 3)

Parent/Guardian:	_____	_____	_____
	Print Name	Signature	Date

Item #3: Consent to Treat (page 2)

Parent/Guardian:	_____	_____	_____
	Print Name	Signature	Date

Item #4: Media Consent (page 2)

Parent/Guardian:	_____	_____	_____
	Print Name	Signature	Date