



Date: _____

Class/Camp: _____

Initials: _____
(Staff Initials)

**Community Center Instructional Class
Enrollment Contract**

(This form is to be used in place of any previous forms)

YOUTH NAME <i>LAST, FIRST, MI</i>	SPONSOR NAME/ RANK <i>LAST, FIRST, MI</i>	SPOUSE NAME/ RANK <i>LAST, FIRST, MI</i>	EMERGENCY CONTACT <i>OTHER THAN PARENT</i>
BIRTHDATE/ AGE	ORGANIZATION	HOME ADDRESS	EMERGENCY CONTACT # <i>PHONE NUMBER</i>
MALE/ FEMALE	WORK PHONE	WORK PHONE	PHOTO PERMISSION <i>YES / NO</i>
CURRENT SHOT RECORD <i>YES / NO</i>	CELL PHONE	CELL PHONE	SPOUSE EMAIL
	SPONSOR SS # (LAST 4)	SPONSOR WORK EMAIL	COST: REGISTERED: Y/N ENROLLED / WAITLIST PAID: Staff Initials _____
SPECIAL NEEDS CARE/ ILLNESS/ ALLERGIES/ INJURIES			

I authorize emergency treatment of the person named on this form as "Youth":

Signature of Patron or Legal Guardian of Patron

Date

Medical Physical:

This is strongly recommended for all minors (17 years and younger) participating in high-risk classes – For example: Martial Arts, Dance, Gymnastics.

Annual Physical on File: Y N **Date of Physical:** _____

PRIVACY ACT STATEMENT:

AUTHORITY; 10 USC 8013; 44 USC; EO 9397

PRINCIPLE PURPOSES: To provide Community Center Programs with authorization for medical treatment in emergency situations, identify patron and sponsor; record known allergies/illnesses; record special needs requirements and special instructions.

ROUTINE USES: Form may be furnished to civilian doctors or hospitals in course of obtaining emergency medical attention. Information furnished may be disclosed, upon request, to other Federal, State or Local Government agencies in the pursuit of their official duties. Finally, it may be used for other lawful purposes, including law enforcement and litigation.

DISCLOSURE IS VOLUNARY: Failure to furnish information, including SSN, will be in denial of admission to the Community Center Programs. SSN is used for positive identification of individuals and records.

Conditions of Enrollment

Thank you for taking an interest in the Community Center's Instructional Class Program. We want to provide a safe and fun experience for you/your child during your time with us. To help us accomplish this, please read the information overleaf to ensure that you or your child is properly registered.

1. Children aged 10 years and younger **must be accompanied by an adult at ALL times** whilst in the Community Center. The Community Center has a space for adults to sit and wait for a child participating in a class.
2. The established fee structure for instructional classes is based on a 4-week month. In any month containing 5 weeks, no class will be held on the 5th week (unless stipulated by the instructor). Payment for the entire month is required by COB on the 10th of each month or a late fee of \$10.00 will be incurred. If fees are not paid in full within the established time frame, the patron will not be permitted to participate in the class until all fees (including late fees) are paid in full. If payment is not made by the end of the month, then the patron's name will be removed from the class roster and the sponsor's name will be turned into the NAF accounting office for fee collection. If any unpaid balance remains on the account after the patron has left the program, a Military Pay Order may be issued to have the funds withdrawn from the Sponsor's military pay.
3. Dress code Policy: For the safety and success of the dancers, there is a strict dance code for our preschool and ballet classes. For all other classes, students are to wear comfortable, form-fitting dance attire, with appropriate shoes. Recommended dance shoes should be labeled with the student's name and brought to class in a dance bag. Combo students must double knot and cut excess ballet shoelaces. Dance shoes should never be worn to and from class. Students may not wear jeans, dresses, "street shoes," or excessive jewelry to class. Students may not chew gum or eat during class. Water with a lid/ cap is permitted. Hair must be worn away from the face, and ballet students with long hair must secure hair in a bun. Please reach out if you have any questions. Dancers/Parents will be advised of this policy and given suggestions of how to purchase items required. Dancers that do not adhere to this policy may be asked to leave, until proper attire is obtained.
4. Credit will be given for the following reasons: prolonged (1 week or more) medical absence (of accompanying parent or child/children) with a doctor's excuse letter; Emergency Leave; early PCS/short notice TDY/Deployment (with a copy of orders or proof of mission); the instructor fails to show for the class. If there is a waiting list for the class, vacation credit will not be offered and, to maintain enrollment in the class, full payment must be made to cover the vacation period. If a waiting list does not exist, 1 months' notice must be given prior to the vacation start date, so you will not be charged for the class. If sufficient notice is not given, then the vacation time will be charged for.
5. Late or Tardiness Policy: Dancers Ages 7+ have a 15min and Dancers Ages 3-6 have 10min after class starts to attend the session. Anything after the allotted time, dancers will not be session.
6. Two weeks WRITTEN notice must be given to dis-enroll from a class (Verbal notice may be accepted at the Director's discretion). If you do not provide the required notice, you will be charged for the two weeks after the final class, whether the patron attend or not.
7. It is the instructor's responsibility to notify participants when class will not be held or is cancelled. If feasible the instructor may offer a makeup class for any classes missed or cancelled. It is the instructor's responsibility to notify participants of any make-up classes. If an emergency arises on the day of the class, the Community Center staff will make every effort to contact you using the information you have provided.

Any questions or concerns pertaining to a class or instructor should be brought to the attention of the Community Center Director.

I have read, understood, and agree to all the above Conditions for Enrollment. Furthermore, I agree to assume all risks and hazards incidental to the activity in which myself/my child is participating.

Signature of Patron or Parent/Guardian of Patron

Date



Community Activities Center
Payment Agreement and Credit Card Auto pay Authorization

Child (ren) Last Name, First:

Name of Sponsor:

Cell Phone: Duty Phone:

Email Address:

Instructional Class (es):

Payment Schedule/Program Site:

- 1st of Month = Instructional
One Time Payment = Event/Birthday/Room Res./Camps
Each Sport/ Instructional -Registered

(initial) I understand that the Ward Community Center will automatically charge my card per my payment schedule. If my payment declines, and fees not paid by 1730 on my payment schedule, I will be charged an additional \$5 late fee per day.

*If payment continues to be declined and no method of continuation of payment for 1 month, child will be removed from program.

By signing below, I authorize the Community Activities Center to automatically charge my account for any balance due for services I have agreed to pay as stated above.

Signature

Date

This document contains personal data subject to the Privacy Act of 1974, 10 USC 8012 & EO 9397. Requires safeguarding and disclosure only as authorization in AFI 33-332. CONFIDENTIALITY APPLIES.

Credit Card Number:

Grid for entering credit card number digits

Type of Card Visa MasterCard

Cardholder Name (as it appears on the card):

Billing Address: Billing Address Zip Code:

3 Digit CVV Code Expiration Date (MM/YY):